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ABSTRACT

GRADES OR AGES: Grades 4-12. SUBJECT MATTER: Drug education. ORGANIZATION AND PHYSICAL APPEARANCE: The guide consists of a series of color-coded units, one for each grade, followed by several appendixes. Units are either in column or list form. The guide is xeroxed and looseleaf-bound with a soft cover. OBJECTIVES AND ACTIVITIES: The curriculum outline in the guide is intended to be incorporated into courses such as health education, science, home economics, social studies, English, and driver education. The units for grades 4, 5, 6, 8, 9, and 10 contain a list of "fundamental learnings." Coordinated with this list is another list of "suggested activities, questions, and references." Activities in the lower grades emphasize role playing and student projects, while the upper grades emphasize reading and discussion. Units for grades 7, 11, and 12 contain only brief, general guidelines for incorporating drug education into the regular curriculum. INSTRUCTIONAL MATERIALS: The appendixes contain curriculum materials, a bibliography, a directory of resources and materials, and a suggested minimum list of school reference material. In addition, some units correlate specific materials with activities or concepts. STUDENT ASSESSMENT: No mention. (RT)

ED054111

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DRUG EDUCATION
CURRICULUM GUIDE
GRADES 4 - 12

This is the first attempt to publish an instructional guide in this critical area. It is intended that an improved revision be printed next year. Suggested improvements are solicited.

Fairfax County Public Schools
Department of Instruction
Fairfax, Virginia
September 1970

SP007294

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THE BEHAVIORAL APPROACH TO DRUG EDUCAT

The problems associated with drug abuse and misuse have swept the co
County has not escaped untouched. The increased use of drugs, particular
of grave concern to parents and school personnel.

Many attempts have been made in drug education programs throughout t
particularly among the young, of drug abuse. These programs have ranged
threatening, scare-type approaches.

Although a knowledge of the various drugs and their effects on users
the consideration of the act of drug use itself cannot be overemphasized.
factual information impartially presented. It must be directed toward de
attitudes and behavior.

Drug abuse is an act; a behavior; and as such should be fully invest
The reasons for one's actions therefore should become an important part o
being an understanding and appreciation of the self.

Few adolescents will turn to drugs if they can truly and confidently
Who am I?; What am I?; Where am I going?; and Do I like myself? It is im
self-esteem and self-respect as opposed to degradation and shame.

This, then, is the rationale for the behavioral approach to drug edu
depend to a large extent upon the teacher and his ability to create an at
promote open discussion and expression of thoughts and ideas; for only in
free to look into himself and bring out into the open the conflicts or pr

This curriculum guide is designed to assist the teacher in presentin
students become directly involved in the processes of growing and develop
making. Educators have a responsibility to their students and community
program possible. This curriculum guide is an important instrument in ac

Appreciation is expressed to those members of the drug education cur
Connecticut Public Schools for the use of their program and material sugg

The guide is subject to revision after one year and all suggestions

HAVIORAL APPROACH TO DRUG EDUCATION

use and misuse have swept the country over the past few years and Fairfax
creased use of drugs, particularly by youth, has been and continues to be
rsonnel.

education programs throughout the country to stem the rising tide,
se. These programs have ranged from mere factual presentations to

drugs and their effects on users and abusers is extremely important,
itself cannot be overemphasized. Instruction must not be limited to
l. It must be directed toward development of appropriate value decision

nd as such should be fully investigated and understood by the students.
should become an important part of drug education with its focal point
f the self.

if they can truly and confidently answer the following questions:
; and Do I like myself? It is important that the student relate to
to degradation and shame.

e behavioral approach to drug education. Its success will, however,
r and his ability to create an atmosphere in the classroom that will
f thoughts and ideas; for only in this manner can the student feel
into the open the conflicts or problems with which he must struggle.

o assist the teacher in presenting drug information in such a way that
processes of growing and developing, interacting, and eventual decision
to their students and community to provide the best and most effective
is an important instrument in achieving positive results.

members of the drug education curriculum committee and to the Stamford,
f their program and material suggestions.

fter one year and all suggestions or criticisms will be appreciated.

IMPLEMENTATION AND BASIC GUIDELINES

I. Implementation Plan

A. Grade 4-6 - The program on drug abuse will be incorporated into the
Education.

B. Intermediate
1. Grade 7 - It is suggested that the principal and faculty incorpo
science, home economics and social studies. (See Guidelines to
2. Grade 8 - Instruction may best be provided through the Health an
gram.

C. High School
1. Grade 9 - Instruction may best be provided through the Health an
gram.
2. Grade 10 - Instruction may best be provided through the Driver E
3. Grade 11-12 - It is suggested that the principal and faculty inc
into English, social studies, and home economics. (See Guidelin

II. Drug Education Specialist

The Northern Virginia Service League has provided funding for a Drug
the 1970-71 school year. This specialist will be available to imple
drug education programs, to work as a consultant with classroom teac
people and materials, and to provide continual evaluation of the dru

III. Guidelines and Recommendations

The manner in which teachers use the materials in the guide will det
of drug education instruction. The materials should be considered f
intended to impose limits upon the resourcefulness and initiative of

The following suggestions are offered to guide teachers and administ
implementing a program that will develop student attitudes and behav
drug abuse.

A. Teachers should exercise considerable care in becoming familiar with
material in the unit. Be prepared, plan each lesson, keep current,

MPLEMENTATION AND BASIC GUIDELINES

on drug abuse will be incorporated into the present course of Health

gested that the principal and faculty incorporate Drug Education into
mics and social studies. (See Guidelines to Grade 7).
on may best be provided through the Health and Physical Education pro-

on may best be provided through the Health and Physical Education pro-

ion may best be provided through the Driver Education Program.
suggested that the principal and faculty incorporate Drug Education
l studies, and home economics. (See Guidelines to Grades 11-12).

ervice League has provided funding for a Drug Education Specialist for
. This specialist will be available to implement teacher inservice
, to work as a consultant with classroom teachers, to recommend resource
nd to provide continual evaluation of the drug education curriculum.

ons

chers use the materials in the guide will determine the effectiveness
uction. The materials should be considered flexible and are not
ts upon the resourcefulness and initiative of teachers.

ns are offered to guide teachers and administrators in planning and
that will develop student attitudes and behavior patterns related to

e considerable care in becoming familiar with the organization of the
Be prepared, plan each lesson, keep current, and know your material.

B. Instruction must be comprehensive using accurate facts and figur "preach" techniques, but make certain that students are fully im the dangers of drug abuse.
C. Teachers should be aware of the symptoms of drug abuse (see Appe aware that almost all such manifestations are identical to those drugs in accordance with a physician's instructions.
D. Use should be made of suggested references, audio-visual aids, a Special care should be taken in the selection of materials, sele why of drug taking rather than the how, or those materials which tion or a compelling curiosity to experiment.
E. Instruction should emphasize student involvement such as class d
F. The entire faculty should be alerted to drug problems and the pr
G. Every facility and resource within the school and community shou means to help the students and to prevent the consequences conne
H. Invitational and/or elective courses using the mind-drug approac abuse problems may be organized, guided by a volunteer teacher, the students, and skilled at communicating and interacting with should be engaged, including ex-addicts as consultants or speake
I. Student assemblies may be planned using guest speakers, films, o
J. One person on the school staff should be designated as the consu blems and referrals.
K. Attempts should be made to involve and educate parents through P reference materials, and parent-teacher conferences (See part V,
L. To avoid undue overlapping and repetition, it is suggested that and fit their segment of instruction into the total scope and se
M. There should be a continuous evaluation of the students and prog ness.

IV. Resource Materials

Appendix D is a suggested minimal list of resource materials. L purchase these materials through local school library funds as a program.

V. Guide Evaluation

Classroom teachers are requested to submit a written report to t concerning the effectiveness of the curriculum guide and suggest encouraged to recommend changes and to note additional resources developing their individual programs.

hensive using accurate facts and figures. Do not depend too much on
ake certain that students are fully imformed about and impressed with

f the symptoms of drug abuse (see Appendix H). They should also be
manifestations are identical to those produced by using legitimate
physician's instructions.
ested references, audio-visual aids, and school-community resources.
en in the selection of materials, selecting those which emphasize the
than the how, or those materials which stimulate the power of sugges-
sity to experiment.
ze student involvement such as class discussion and small work groups.
be alerted to drug problems and the program of instruction.
e within the school and community should be explored as a possible
and to prevent the consequences connected with drug abuse.
ve courses using the mind-drug approach on the whole range of drug
nized, guided by a volunteer teacher, sensitive to and respected by
at communicating and interacting with adolescents. Guest speakers
ng ex-addicts as consultants or speakers as appropriate.
planned using guest speakers, films, or panel discussions.
taff should be designated as the consultant of drug programs, pro-

involve and educate parents through PTA meetings, suggestions for
arent-teacher conferences (See part V, Appendix E).
and repetition, it is suggested that teachers read the entire guide
nstruction into the total scope and sequence of the program.
us evaluation of the students and program to determine its effective-

minimal list of resource materials. Local schools are encouraged to
hrough local school library funds as a part of the drug education

quested to submit a written report to the Drug Education Specialist
ess of the curriculum guide and suggested materials. Teachers are
hanges and to note additional resources that have been helpful in
al programs.

VI. Student Projects

Use the questions and suggestions listed under "Suggested Activ
board to stimulate ideas for student research, special projects
written and oral reports. Rather than "assigning" projects or
interest, encourage investigation, etc.

VII. School Drug Education Coordinators

A. Objective
To assist the program of drug education, one or more staff
education coordinators. These coordinators will foster the
objective of the school is preventive education rather than

B. Selection of Coordinator
1. May be an administrator, counselor, or teacher (time sh
2. Should be interested in and knowledgeable about the dru
3. Should be trusted by and relate well with the students.
4. Should serve on a voluntary basis.

C. Functions
1. Serve as a contact person in the school for students, f
providing special assistance in cases of drug abuse thr
appropriate agencies within the County.
2. Assist in setting up training and education program fo
interested community groups by using outside specialist
as needed, working through the principal and through ot
3. Evaluate and maintain drug eduction resource materials
groups.

; listed under "Suggested Activities, Questions and References" as a spring-
dent research, special projects, small group discussions, debates, and
: than "assigning" projects or reports, raise questions, provoke an
n, etc.

g education, one or more staff members will serve as school drug
se coordinators will foster the understanding that the primary
reventive education rather than rehabilitation or punitive measures.

counselor, or teacher (time should be alloted for whoever is chosen).
and knowledgeable about the drug problem.
relate well with the students.
ary basis.

on in the school for students, faculty, administrators, and parents,
ance in cases of drug abuse through counseling and referral to
thin the County.
aining and education program for students, school faculties, and
oups by using outside specialists, ex-addicts and other consultants
ugh the principal and through other County agencies.
rug eduction resource materials for students, faculty, and community

OBJECTIVES

1. To create an awareness of the total drug problem - prevention, educatio law enforcement on the local, state, national, and international levels
2. To inform the students of the effect on the body of narcotics, sedative lants.
3. To relate the use of drugs to physical, mental, social, and emotional p
4. To encourage the individual to adopt an appropriate attitude toward pai
5. To develop the ability to make intelligent choices of attitude or actio develop the courage to stand by one's own convictions.
6. To understand the personal, social, and economic problems causing the m
7. To emphasize the need for seeking professional advice in dealing with p and mental health.
8. To develop an interest in preventing illegal use of drugs in the communi

OBJECTIVES

drug problem - prevention, education, treatment, rehabilitation,
, national, and international levels.

t on the body of narcotics, sedatives, hallucinogens and stimu-

cal, mental, social, and emotional practices.

t an appropriate attitude toward pain, stress, and discomfort.

elligent choices of attitude or action based on facts, and to
e's own convictions.

, and economic problems causing the misuse of drugs.

professional advice in dealing with problems related to physical

ng illegal use of drugs in the community.

INTRODUCTION

Grades 4, 5, and 6

A drug is any substance other than food that is introduced into
or function of the body.

There are many good uses of drugs, but even useful drugs become
especially true of addicting and other habit-forming drugs.

Some adults in our society have been abusing drugs by taking med
fort. Children see this - they also notice the parental consumption
tempt on their parents' dependence, especially on alcohol, but are co
better one.

The fact that scientific research does not verify all the positi
drugs they consider mind expanding and soul purifying does not seem t
not deter them from their quest for a short cut to happiness.

Punitive measures have not been successful. It is time for educ
cope with the ever increasing drug abuse. Teachers are in a particul
parents, students and the community to remain level-headed about drug
atmosphere in which the student feels free to confide in teachers and

INTRODUCTION

Grades 4, 5, and 6

n food that is introduced into the body that alters the structure

, but even useful drugs become dangerous with abuse. This is
habit-forming drugs.

een abusing drugs by taking medication for every minor discom-
otice the parental consumption of alcohol. They look with con-
pecially on alcohol, but are convinced that their selection is a

does not verify all the positive and negative aspects of the
soul purifying does not seem to worry young people, and does
short cut to happiness.

successful. It is time for education to come up with plans to
se. Teachers are in a particularly good position to encourage
remain level-headed about drug abuse. They can encourage an
free to confide in teachers and parents and discuss his concerns.

2

Grade 4

FUNDAMENTAL LEARNINGS

I. Emotions affect our behavior and how others react and relate to us.

- A. How we act when:
  - 1. We are happy
  - 2. We are sad
  - 3. We are angry
  - 4. Others are happy
  - 5. Others are angry
- B. Feelings affect our thinking; thinking affects our feelings:
  - 1. Thoughts about ourselves influence our feelings and our self-image
  - 2. Feelings toward others influence what we think about them, i.e. prejudices, antagonisms, etc.
  - 3. Negative emotions (anger, fear, rage, worry, etc.) cause difficulty in thinking and interfere with our ability to learn.
- C. Feelings affect our physical condition and our physical condition affects our feelings.
  - 1. Strong emotion can alter normal body functions as: pulse rate, respiration, blood pressure, muscle tension, digestion, skin and sweat gland activity.
  - 2. Undue stress caused by illness, lack of rest, or poor nutrition can cause irritability affecting our ability to control feelings
  - 3. Use of medicines can change our physical condition and affect the way we feel.
- D. Knowledge about our emotions helps us develop:
  - 1. An understanding of why we behave as we do
  - 2. An understanding of the behavior of others
  - 3. An ability to express feelings honestly and appropriately
  - 4. A sense of self-worth; an acceptance of ourselves and others
  - 5. Constructive ways of relating to others

SUGGESTED AC

I. 1. Discuss
or fear
these f
2. Relate
list th
are hap
3. Share s
ent moo
4. Discuss
when we
5. Ask the
resourc
explain
tions a
6. Discuss
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7. Investi
sistent
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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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others

I.
1. Discuss what makes us feel happy, sad, angry, or fearful and what we do as a result of these feelings.
2. Relate feelings to behavior. Have children list those things they do better when they are happy.
3. Share stories and poems which create different moods.
4. Discuss why it is helpful to talk things over when we feel angry, sad, or upset.
5. Ask the school nurse or other competent resource persons to visit the classroom to explain how emotions affect our body functions and vice-versa.
6. Discuss the use of computers to record pulse rate and blood pressure of astronauts during space travel.
7. Investigate the effects of strong and/or persistent emotional states upon the systems such as the endocrine, digestive, or respiratory.

FUNDAMENTAL LEARNINGS | SUGGESTED ACTIVITIES,

6. Realistic and positive means of dealing with problems
    a. Making a distinction between real and unreal problems
    b. Solving problems through a number of possible approaches
    c. Seeking help, advice and/or reassurance when needed.

E. Emotional maturity is an achievement. It involves
1. Understanding our feelings
2. Liking and accepting ourselves and others
3. Channeling behavior into productive, beneficial activities
4. Satisfying personal needs in socially acceptable ways
5. Considering the physical and emotional needs of others
6. Recognizing our strengths and weaknesses
7. Facing day-to-day problems realistically

SUGGESTED ACTIVITIES, QUESTIONS, AND REFERENCES

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een real and

number of

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s and others
uctive,

socially

emotional

weaknesses
alistically

FUNDAMENTAL LEARNING

II. Medicines can be helpful or harmful

- A. Man has used medicines for thousands of years
  1. Early use of medicine was associated with magic
  2. Some drugs used in early days are now used in refined forms, i.e. curare, digitalis, quinine
     - a. Medicine derived directly from natural sources
     - b. Substance found, usually by trial and error, to provide physical relief and/or hasten recovery
- B. Properly used, many medicines are of great value to mankind
  1. Greater control of communicable diseases
  2. Destruction of micro-organisms
  3. Aid in regaining good health
     - a. Drop in mortality rate since 1900
     - b. Purer, more effective medicines (FDA standards to be met)
- C. Improperly used, medicines can damage the individual and interfere with his success in life. We should
  1. Carefully follow directions with all prescribed medicines
  2. Use "over the counter" medicines wisely
  3. Handle medicines properly
     - a. Keep out of reach of very young children
     - b. Make sure each container is properly labeled
     - c. Safely discard medications that have lost their effectiveness or are no longer needed
     - d. Refuse medicines offered by peers or other unqualified persons

SUGGESTED ACTIVITIE

II. 1. Collect in
medicine,
2. Develop re
uses of su
talis, and
3. Cut out, b
scrapbooks
advertisem
claims.
4. Dramatize
extravagant
use. Disc
used.
5. Role play
parents ad
why proper
and means
important.
6. Have pharma
medicine i
7. Investigat
vidual res
diseases.
8. Classroom
medicines,
be kept.

References

Health Text, L
Health Text, S
See Appendix D
Grades 4-6

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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II. 1. Collect information on early ideas about medicine, especially in relation to magic.
2. Develop reports on the discovery and early uses of such medicines as penicillin, digitalis, and curare.
3. Cut out, bring to the school, and make scrapbooks or a bulletin board of medicine advertisements, illustrating exaggerated claims.
4. Dramatize medicine commercials, emphasizing extravagant claims or dangers of improper use. Discuss the meaning of various terms used.
5. Role play situations as doctors, nurses, or parents administering medicines, showing why proper attention to dosage, precautions, and means of administering are vitally important.
6. Have pharmacist or physician explain how medicine is prescribed and dispersed.
7. Investigate research by companies and individual research for new medication, cure of diseases.
8. Classroom discussion on proper storage of medicines, length of time medicines should be kept.

References

Health Text, Laidlaw, chapter 1, 11, and 12
Health Text, Scott-Foresman, 1962, Unit 3 and 7
See Appendix D, Teacher and Student References, Grades 4-6.

FUNDAMENTAL LEARNINGS	SUGGESTED ACTIVITIES
D. Advertisements affect our attitude toward medicines 1. Create the need to distinguish between sensible and exaggerated claims 2. Contribute toward "pill taking" answer to problems 3. Increase dissatisfaction with harder, though more realistic ways of handling stress and anxiety 4. Encourage the development of reliance upon instant relief or instant gratification through chemical means.	

Grade 4

NGS	SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES
ttitude toward	
inguish between d claims taking" answer	
n with harder, ays of handling	
nt of reliance instant gratifi- means.	

Grade 5

FUNDAMENTAL LEARNINGS

I. Each person must take responsibility for maintaining and safeguarding his own health.
    A. Good health includes both mental (emotional) and physical well being
    B. Good health, or the lack of, has effects and consequences upon our
        1. Physical and emotional growth
        2. Academic and mental development
        3. Family conditions
        4. Financial demands
        5. Social development
        6. Peer relationships
        7. Community services
    C. Unpleasant moods or negative feelings (anger, jealousy, resentment, rage, fear, worry, etc.) can produce stress, anxiety, and physical discomfort. Constructive ways of dealing with them include:
        1. Talking out feelings
        2. Enjoying the companionship of friends
        3. Entering into vigorous sports and/or exercise
        4. Changing to an enjoyable activity
        5. Changing, where possible, conditions producing upset feelings
        6. Changing one's attitude or frame of mind
        7. Getting enough sleep and rest each day
        8. Seeking help and guidance when needed from trained persons, i.e., physicians, nurses, clergymen, social workers, counselors, etc.
    D. Artificial ways of altering moods include the use of certain chemicals or drugs. These may have
        1. Unpredictable effects
        2. Mask symptoms of more serious problems
        3. Become habit-forming

SUGGESTED ACTIVITIES, QUEST

I. 1. Dramatize ways of ma
2. Discuss qualities pu
in which these quali
3. Write stories about
to share with friend
4. Talk about the unde
and how they can be
what the differences
anger and expressing
5. Discuss the need fo
growing up; how rule
pleasantly and safel
6. Discuss the help oth
our family, as polic
nurses, the clergy,
7. Develop buzz groups
poor health have on
our life. Share co
class.
8. List on the board p
table ways of chang
feelings. Why are t
using a chemical ag

Grade 5

SUGGESTED ACTIVITIES, QUESTIONS, AND REFERENCES

for maintain-

(emotional)

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lings (anger,
, worry, etc.)
physical dis-
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frame of mind
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physicians,
orkers, coun-

ds include the
gs. These may

us problems

I. 1. Dramatize ways of making new friends.
2. Discuss qualities pupils like in friends and ways in which these qualities may be developed.
3. Write stories about experiences it is more fun to share with friends than to do alone.
4. Talk about the underlying reasons for quarrels and how they can be settled without fighting; what the differences are between arguing in anger and expressing an opinion.
5. Discuss the need for authority and advice in growing up; how rules help people live together pleasantly and safely.
6. Discuss the help other people give us, besides our family, as policemen, doctors, teachers, nurses, the clergy, friends, etc.
7. Develop buzz groups on the effects good and poor health have on many different aspects of our life. Share conclusions with the whole class.
8. List on the board positive and socially acceptable ways of changing or relieving unpleasant feelings. Why are these ways better than using a chemical agent?

FUNDAMENTAL LEARNINGS

II. Cells are the basic unit of life. They carry out life and maintain growth by forming into tissues, organs, and systems.

A. The systems carrying out life processes in humans are
   1. Respiratory
   2. Digestive
   3. Circulatory
   4. Excretory
   5. Muscular-skeletal
   6. Endocrine
   7. Nervous
   8. Reproductive

B. Our body systems are all interdependent and interrelated. Every substance taken into the body enters into the complex functioning of the body
   1. Included are nonfood household substances as
      a. Volatile chemicals, i.e., airplane glue, gasoline, cleaning fluids
      b. Insect poisons
      c. Medicines, and drugs, i.e. diet pills, aspirin, sleeping pills, laxatives.
   2. Means of entering the body may be by
      a. Swallowing
      b. Inhaling fumes
      c. Skin absorption
   3. Toxins carried to vital organs by the blood produce serious and often permanent damage to many parts of the body, including: brain, heart, liver, kidneys, and bone marrow.

C. When properly cared for, the body systems function well, resulting in healthy, sound living. Medicines can help us lead longer and healthier lives when used with care and on a doctor's advice.

SUGGESTED ACTIVI

II. 1. Use the
2. Encourag
group re
organize
3. Use mode
showing
as the h
4. Suggest
diagram
stances
carried
5. Make a c
their us
6. Stimulat
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covered
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7. Encourag
concerni
evaluate
class.
8. Suggest
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research
pictures
cines an
9. What are
nonfood
home?
10. Collect
zines te
medicine

Grade 5

GS

They carry out
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processes in

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functioning of

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ing fluids

i.e. diet pills,
ls, laxatives.
y may be by

rgans by the
often permanent
he body, inclu-
r, kidneys, and

body systems
ealthy, sound
s lead longer and
h care and on a

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

II.
1. Use the E.S.S. unit on Small Things.
2. Encourage small group activity in which each group researches a different body system and organizes the material for class presentation.
3. Use models or diagrams of the body's systems showing how nonfood substances reach organs as the heart, brain, kidneys, and liver.
4. Suggest that a group of students prepare a diagram of the blood stream, showing how substances entering the body by any means are carried throughout the body.
5. Make a chart listing modern medicines and their uses.
6. Stimulate a panel of students to investigate and discuss how different medicines were discovered or developed, i.e. penicillin, insulin, Salk vaccine.
7. Encourage students to collect advertisements concerning health cures and treatments and evaluate them, reporting conclusions to the class.
8. Suggest that students make illustrated booklets containing information on medicine research today and in the past; articles, pictures, diagrams, and charts about medicines and their uses.
9. What are some warnings concerning dangerous nonfood substances commonly found in the home?
10. Collect articles from newspapers and magazines telling of people who have misused medicines or drugs.

Grade 5

FUNDAMENTAL LEARNINGS	SUGGESTED ACTIVITIE
1. Examples of medicines contributing to our well-being. a. Antibiotics and sulfas - fight disease and infection b. Insulin - treatment of diabetes c. Antiseptics - prevent infection d. Analgesics - relief of pain e. Antihistamines - relief of allergic reactions	

S	SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES
ontributing to fas - fight on of diabetes nt infection of pain lief of allergic	

Grade 5

FUNDAMENTAL LEARNINGS

III. Many public agencies - federal, state, and local - are concerned with assisting us in keeping well.

- A. Areas of responsibility
  - 1. Federal health services
    - a. Prevent interstate spread of disease
    - b. Set standards for and inspect food, drugs, and cosmetics
    - c. Carry on medical research
    - d. Operate hospitals for lepers and drug addicts
    - e. Distribute certain vaccines and serum
    - f. Encourage improved nutrition and physical conditioning among school children
  - 2. State health department
    - a. Enforces regulations for control of disease
    - b. Enforces sanitary living condition regulations
    - c. Inspects dairies and food processing plants
    - d. Provides laboratory services
    - e. Cares for TB and mentally ill patients
    - f. Supplies free leaflets to public on health problems
  - 3. Local health department
    - a. Tests drinking water
    - b. Enforces sanitation laws
    - c. Enforces communicable disease regulations
    - d. Inspects restaurants, dairies, farms, bakeries
    - e. Regulates garbage and sewage disposal
    - f. Provides immunization and clinic services
    - g. Keeps records of diseases, births, marriages, and deaths.

SUGGESTED ACTIVITIES,

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   Virginia State
   American Medic
   Superintendent
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References

Health Text, Laidl
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Health Text, Scott
See Appendix D, Te
Grades 4-6.

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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III. 1. Plan a visit to the classroom by a pharmacist to discuss uses and misuses of medicines.
2. What controls are placed upon the manufacture and sale of patent and prescription medicines? What laws establish these controls and how are they enforced?
3. Collect empty containers of patent medicines to check labels for content, administration, warnings, effects and side effects, etc. (Check against FDA labeling regulations).
4. Write to agencies for information on health and medicine:
United States Public Health Service
Virginia State Department of Health
American Medical Association
Superintendent of Documents
(See appendix for addresses)

References

Health Text, Laidlaw, chapters 1, 3, 8, 9, 10, 11, and 12.
Health Text, Scott-Foresman, 1962, Unit 8.
See Appendix D, Teacher and Student References, Grades 4-6.

FUNDAMENTAL LEARNINGS

B. Food and Drug Administration (Federal agency) sets standards and inspects both patent and prescription medicines for purity, efficacy, and safety. Labels on medicine containers must give information regarding
   1. Name and description
   2. Recommended dosage
   3. Directions for administering
   4. Possible effects and side effects
   5. Warnings - i.e. habit forming; conditions under which should not be taken

Grade 6

FUNDAMENTAL LEARNINGS	SUGGESTED ACTIVIT
I. Each person must maintain his own individuality and independence of thought if he is to become an effective and responsible member of his group and community. A. Achieving our own controls through 1. Self-discipline 2. Sense of responsibility 3. Independent thinking B. Maturing toward a growing sense of 1. Self-regard 2. Self-esteem 3. Self-worth	I. 1. Have studen they think membership cally, empha pendent thi 2. How are fee responsibili our social

Grade 6

AL LEARNINGS	SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES
is own individuality if he is to become e member of his group	I. 1. Have students compile a list of those factors they think are responsible for effective group membership and have class analyze them critically, emphasizing self-discipline and independent thinking.
ols through	2. How are feelings of self-worth, sense of responsibility and friendliness necessary to our social development?
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FUNDAMENTAL LEARNINGS

II. As we develop a high regard for our physical, emotional, mental and social functioning and well-being, we are less likely to harm ourselves by experimenting with dangerous chemicals.

- A. Healthful living involves
  - 1. Physical well-being
    - a. Good nutrition
    - b. Sufficient rest and sleep
    - c. Fresh air and exercise
    - d. Body care and cleanliness
  - 2. Emotional stability
    - a. Accepting and expressing feelings honestly and appropriately
    - b. Facing day-to-day problems realistically
  - 3. Mental growth
    - a. Making the most of educational opportunities
    - b. Being eager to learn, to seek out, to inquire
    - c. Desiring to do our best, to be successful
    - d. Growing in effectiveness & efficiency
  - 4. Social development
    - a. Self-acceptance leading to accepting others
    - b. Respecting self and respecting others
    - c. Enjoying the sharing of experiences
    - d. Sense of belonging, of loyalty
    - e. Attitudes of generosity, kindness, justice and fair play
    - f. Consideration of and sensitivity towards the needs and opinions of others
- B. Also assisting us in healthful living are
  - 1. Greater numbers of and more effective medicines
  - 2. Improved foods and dietary habits
  - 3. Increased knowledge about good health available to the public

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Health Text,
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See Appendix
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LEARNINGS

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

II.
1. Encourage students to make charts or posters illustrating the four basic food groups.
2. What makes a desirable personality? List the characteristics. Which ones do you possess?
3. Discuss what it means to be a "good sport;" to be popular.
4. What are some standards of conduct which show respect for the ideas of others?
5. In coordination with the school newspaper, prepare brochures or write articles on the subject of school health services, informing students and parents of services provided.
6. Encourage library use in collecting information on medical research, kinds of drugs, medicines, their histories, uses and possible misuse.
7. Collect, discuss and display news and magazine articles about drugs, medicines and chemicals, such as recent research, FDA evaluations, new treatments, trends, general information, laws and law changes.
8. How does the recent publicity about drugs such as LSD and marijuana influence student attitudes about their use?
9. Secure pamphlets for individual student reference. See Item #3 elementary (student reference list).
10. Select resource speakers for classroom discussion (See Appendix E, section 1, speakers, Fairfax County).

References

Health Text, Laidlaw, chapters 1, 3, 5, & 12.
Health Text, Scott Foresman, 1962, Units 3 & 4.
See Appendix D, Teacher and Student References, Grades 4-6.

FUNDAMENTAL LEARNINGS

4. Improved medical care from the prenatal period to old age
5. More effective community health services
6. Clearer understanding of relationship between emotions and physical well-being

C. Dangerous chemicals include

1. Hallucinogens, i.e. LSD, DMT, mescaline, psilocybin
   Dangers:
   a. Serious mental changes
   b. Distorted perception
   c. Possible violent and/or suicidal reactions
   d. Evidence of chromosome damage
2. Opiates, i.e. morphine, heroin, codeine, paregoric
   Dangers:
   a. Physically addictive
   b. Impairment of judgment, self-control and attention
   c. Possible convulsions and death
   d. Painful withdrawal
3. Barbiturates (sleeping pills - depressant) i.e. Amytal, Nembutal, Phenobarbital)
   Dangers:
   a. Physically addictive
   b. Withdrawal painful and very dangerous
   c. Masks symptoms of other ailments
   d. Danger of overdose-coma, death
4. Amphetamines (diet or pep pills - stimulants) i.e. Benzedrine, Dexedrine, Methedrine
   Dangers:
   a. Need for heavier and more frequent doses
   b. Tendency to lead to malnutrition, exhaustion, paranoic states
   c. High blood pressure, tremors and abnormal heart action

d. Mental illness or death from drug poisoning

5. Marijuana (intoxicant, hallucinogen)
   Dangers:
   a. Psychological dependence
   b. Time and space distortions
   c. Loss of concentration
   d. Drowsiness
   e. Possible confusion and hallucinations
   f. Introduction to the world of "kicks"
   g. Possible involvement with other drugs
6. Tranquilizers, i.e. Equanil, Librium, Miltown
   Dangers:
   a. Drowsiness
   b. Use can damage white blood cells, weakening resistance to infection and disease
   c. Drug dependence and withdrawal illness with possible convulsions
7. Alcohol and tobacco
   a. Alcohol
      Dangers:
      (1) Interferes with brain functioning
      (2) Impairs ability to concentrate, to reason and exercise judgment
      (3) May lead to alcoholism
      (4) May damage vital organs and nervous systems
      (5) May cause unconsciousness
   b. Tobacco
      Dangers:
      (1) Nicotine speeds heart beat
      (2) Irritates nose, throat and lungs
      (3) Aggravates respiratory conditions
      (4) Increases chances of lung and throat cancer, emphysema and heart disease
8. Deliriants (inhalants, volatile chemicals) i.e. airplane glue, gasoline, lighter fluid, paint thinner, varnish, shellac, Freon
   Dangers:
   a. Distorted perception

- b. Extreme confusion
- c. Build-up of tolerance
- d. Possible hallucinations
- e. Drowsiness, slurring of speech, loss of memory and chance of unconsciousness
- f. Inability to control movements
- g. Release of aggressive impulses
- h. Greater incidence of damage to brain, liver, kidneys, and bone marrow in cases of continued use
- i. Possible prelude to other drugs

D. Reasons for beginning drug use and abuse:
  1. Feelings of rejection
  2. Poor self-image
  3. Inability to handle frustration
  4. Lack of sense of achievement (mastery)
  5. Poor parental relationship
  6. Lack of guidance, warmth, sense of worth
  7. Inability to express negative feelings constructively
  8. Lack of knowledge of dangers involved
  9. Peer pressures - taking a dare; local fad
  10. Need of a crutch to feel good

E. Social consequences:
  1. Usually a reversal of character results
  2. Surly and belligerent behavior often seen, compounding original disturbances
  3. Tendency to withdraw from group participation; underlying social and emotional problems magnified; normal socio-sexual interests sometimes dulled

F. Prevention
  1. Well-educated and well-informed parents and students about dangers of use & misuse
  2. Satisfying needs directly & positively
  3. Growing in emotional and social maturity

FUNDAMENTAL LEARNINGS

III. There are many things we and our community can do to prevent the misuse of medicines, drugs, and volatile chemicals. These include:

- A. Becoming well-educated in the proper uses of medicines, drugs and volatile chemicals
- B. Being aware of the dangers
- C. Learning to critically evaluate drug advertisements and commercials
- D. Increasing our ability for independent thinking and personal decision making
- E. Developing a sense of personal integrity: intelligent self-regard
- F. Knowing the laws about drug abuse

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Grade 6

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

III.
1. Bring in medicine advertisements and analyze them along with television and radio commercials with respect to their influence upon our attitudes about medicines, drugs, pain, anxiety, solving problems, etc.
2. Role play various ways people react to frustrations, anxiety and problem situations, as: withdrawing, regressing, suppressing, projecting, rationalizing, compensating, sublimating, avoiding, compromising, analyzing, confronting, using crutches.
3. Encourage children to write for further information on drugs, medicines, medical research, health services, programs of drug use prevention and treatment, etc. (See appendix for addresses).
4. Develop a sense of service to the community by encouraging participation in volunteer work, i.e. hospital volunteers, day nursery, boys' and girls' clubs.
5. What are the latest Virginia State Laws regarding drug abuse (See Appendix A).

References

Health Text, Laidlaw, chapters 1, 3, and 11.
Health Text, Scott-Foresman, 1962, Units 3 & 4.
See Appendix D, Teachers & Students References, Grades 4-6.

INTRODUCTION

Intermediate School

Adolescence is a turbulent stage of life: teenagers are striving to develop f independence, to gain individual identity, and to reach out socially into a world o standards and modes of behavior. Most educators and medical authorities agree that ager develop a well adjusted personality is basic to prevention of drug abuse. Stu shown that the person who succumbs to abuse feels insecure, unrecognized and unhapp intermediate school in this area of education should be on an understanding of self of good mental health.

The principal and faculty will determine how this guide can best be used at th It is suggested that teachers of 7th grade science, social studies, home economics, porate drug education into their programs of instruction.

Teachers of 8th grade Health and Physical Education will use this curriculum g the planning and implementation of the drug education program.

INTRODUCTION

Intermediate School

ent stage of life: teenagers are striving to develop from dependence to
dual identity, and to reach out socially into a world of changing values,
ior. Most educators and medical authorities agree that helping the teen-
personality is basic to prevention of drug abuse. Studies have repeatedly
ccumbs to abuse feels insecure, unrecognized and unhappy. The emphasis in
area of education should be on an understanding of self and the development

ty will determine how this guide can best be used at the 7th grade level.
s of 7th grade science, social studies, home economics, and English incor-
heir programs of instruction.
lealth and Physical Education will use this curriculum guide to assist in
ion of the drug education program.

Grade 7

SUGGESTED AREAS OF INCORPORATION WITH DRUG EDUCATION UNIT

Home Economics: Family Living, Understanding Self, Home and Community

Science: Identification of abused materials, physical effects, medical aspects

Social Studies: Current events, anti-social behavior with regard to drug abuse, problem solving

English: Themes, reading, public speaking

A team teaching approach involving several departments within the school may be one approach of implementing the drug education program.

See "Implementation and Basic Guidelines", p.iii

8th Grade

FUNDAMENTAL LEARNINGS

I. Personality is an individual's total make-up, complex and capable of change

- A. Origins of personality
  - 1. Heredity - chromosomes, genes
  - 2. Environment - family, friends, school, cultural influences
- B. Characteristics of the personality
  - 1. Made up of positive and negative traits
    - a. Strengths to be developed
    - b. Weaknesses to be overcome
    - c. Limitations to be realized and accepted
  - 2. Individual - peculiar to each person
- C. Wholesome personality - a composite of mental, physical, emotional and social development
  - 1. Mental development - making the most of one's mental capability
    - a. Growth through educational opportunities
    - b. Growth through individual initiative
  - 2. Physical development
    - a. Acceptance of one's own growth pattern
    - b. Acceptance of physical limitations
    - c. Practice of proper personal hygiene
    - d. Maintenance of adequate sleep, rest, fresh air, diet and exercise
  - 3. Emotional development - a means of communication
    - a. Cultivation of positive feelings, i.e. love, joy, friendship
    - b. Understanding that negative feelings are normal, i.e. anger, fear, jealousy
    - c. Expressing negative feelings in socially accepted ways
    - d. Controlling and changing emotional responses

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8th Grade

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SUGGESTED ACTIVITIES, QUESTIONS, AND REFERENCES

I.
1. Suggest autobiographies as ways to show students how their families have influenced them to be what they are.
2. Provoke an interest in family trees - go back three generations - collect as much material as possible about each ancestor - list traits influenced by ancestors and environment
3. Make hypothetical list of positive and negative traits and discuss how these can be best used to develop an attractive personality.
4. Encourage research on life in other cultures - compare the effects of these cultures on our culture.
5. Ask someone from the guidance department to discuss "personality rating charts."
6. Have a social worker or school psychologist discuss influence of personality on our development.
7. Do the grades in achievement on report cards always reflect one's mental capabilities or predictability for success?
8. What are some activities in which students can participate to enhance their mental growth? i.e. reading, writing, hobbies.
9. What are some characteristics of a physically fit person?
10. What makes people the happiest?
11. What qualities do people like in other people?
12. Discuss how physical activities can affect one's mental attitude.
13. Create a role playing situation in which a number of students demonstrate various responses to emotional situations.
14. Ask students how they feel physically when overwhelmed by various emotions.
15. How can negative emotional responses be redirected and modified?

8th Grade

FUNDAMENTAL LEARNINGS	SUGGESTED ACTIVITIES, QU
4. Social development - ability to get along with people a. Respecting rights and feelings of others b. Being dependable - keeping his word c. Showing skill in thinking, acting, and making decisions as a member of the group d. Assuming full share of responsibility e. Expecting others to like and appreciate him f. Having a sense of worth, i.e. self-confidence and self-respect	References Health Text. Your Heal Drug Text. Drugs, Fa Scott-For Drug Abuse, chapter 1, Youth and the Drug Prob Drug Abuse, the Chemica Film. Thread of Life -

8th Grade

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

References

Health Text. Your Health and Safety
Drug Text. Drugs, Facts on Their Use and Abuse,
Scott-Foresman, chapters 1, 8
Drug Abuse, chapter 1, 10
Youth and the Drug Problem, chapters 1, 4
Drug Abuse, the Chemical Copout

Film. Thread of Life - IMC

8th Grade

FUNDAMENTAL LEARNINGS

II. Problems are common to all people. How we respond to these problems is important to personality development.

- A. Some causes of teen problems:
  - 1. Conflicts with self, friends, parents, and school
  - 2. Unsatisfied needs
  - 3. Unrealistic expectations
  - 4. Poor health
  - 5. Emotional-social difficulties
- B. Poor responses to problem solving:
  - 1. Avoidance of facing problems - i.e. blaming others, making excuses, sickness as an escape
  - 2. Withdrawal - retreating to the past, excessive daydreaming
  - 3. Over-aggressive behavior - fighting, scapegoating, belittling, bullying, bragging
  - 4. Negative reactions - rebelliousness, hostility
- C. Positive responses are an indication of growth:
  - 1. Identify the real problem promptly
  - 2. Assemble facts and/or consult informed sources for opinion
  - 3. Analyze facts and consider possible solutions and alternatives
  - 4. Use the plan that seems to work best
  - 5. Live with the solution even though it may not work as you prefer
  - 6. Develop a consistent, constructive code of living or beliefs
    - a. Obligations to yourself; care of body and personal development and good mental health
    - b. Responsibilities to others - family, friends and community
  - 7. Learn to accept a moderate amount of anxiety and frustration as normal

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What You Shou
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8th Grade

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

II. 1. List ways in which people may deceive themselves in order to meet some uncomfortable situation. Can this be good if done in the right perspective?
2. What is the difference between rationalization and lying?
3. Is retreat ever a good solution to a problem? A bad solution? Give examples.
4. What is meant by "adjustment mechanism?"
5. List examples of negative reactions.
6. Discuss what normal variations in different forms of behavior are, i.e. daydreaming, rationalizing, scapegoating, bullying.
7. What are some of the common ways people try to escape problems?
8. Discuss reasons why adolescents may wish to seek advice from friends and members of their peer groups rather than from their parents.
9. Read biographies about famous people who have overcome major personal problems. Report to class.
10. Invite a guidance counselor to discuss with class problems common to eighth graders.
11. Bring in newspaper articles devoted to problems of teen-agers.
12. Test your own system of values by completing the sentence: I believe that the three most important things in life are . . . . .

References

What You Should Know About Drugs and Narcotics, chapter 5.

8th Grade

FUNDAMENTAL LEARNINGS

III. People who fail to develop positive problem solving techniques may resort to crutches, one of which may involve dependence upon drugs.

- A. Misuse of drugs can harm the individual
  1. The person may become psychologically dependent upon the drug
  2. The person may become physically dependent upon the drug or become physically ill
  3. The person may require an ever increasing amount to get the effect desired or to prevent withdrawal symptoms (tolerance).
  4. Drugs can adversely affect every system of the body and possibly result in death from continued use or an overdose
- B. Use of drugs may result in antisocial behavior (illegal activities)
  1. Criminal behavior while under the influence
  2. Stealing and other criminal acts - in order to keep a drug supply
  3. Unpredictable and uncontrollable behavior in daily actions and decision making

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8th Grade

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

III.
1. Why do all people form habits? Give examples of habits which are good and habits which are crutches, or non-productive.
2. Discuss differences between psychological and physical dependency (habits).
3. Comment on the following statement: All addicting drugs are habit forming, but not all habit forming drugs are addicting, i.e. coffee, tea, chocolate, and cola drinks.
4. Using reference material, stimulate students to report effects of drugs on various body organs and systems.
5. Ask interested students to bring in news articles concerning anti-social behavior in reference to drug abuse.
6. Invite a probation or juvenile court officer to discuss legal aspects of drug abuse.
7. Invite a pharmacist or physician to class to explain the connection between drug use and unpredictable behavior.
8. Discuss reasons why the price of illegal narcotics is so high. Motivate students to investigate or trace the route of certain drugs.
9. Write a letter to the World Health Organization requesting information concerning international regulations pertaining to drug use. Why is this organization interested?

References

Drugs: Facts on Their Use and Abuse, chapter 1
Drug Abuse: Escape to Nowhere, p. 45-47.

8th Grade

FUNDAMENTAL LEARNINGS

IV. Many drugs are valuable when used properly. When used improperly, they become subject to abuse: intoxicate, stimulate, depress, confuse, cause hallucinations and in general, produce disorganization of personality.

A. Amphetamines (pep or diet pills) i.e. benzedrine, dexedrine, and methadrene ("speed")
   1. Medical uses: relieve mild depression, control appetite and weight, relieve drowsiness.
   2. Possible dangers of abuse: restlessness, tremors, insomnia, mental disorders and permanent brain damage; over-stimulation of adrenal glands (dulling nature's warning signals)
   3. Tolerance created - psychological dependence developed.

B. Barbiturates (sleeping pills) i.e. phenobarbital, seconal, nembutal (goofballs)
   1. Medical uses - produce sleep, relieve tension, control high blood pressure
   2. Possible dangers of abuse-lessened alertness, slowed reactions, quarrelsome nature, slurred and indistinct speech, loss of balance, mental and emotional instability
   3. Tolerance created - physical and psychological dependence developed, extremely dangerous withdrawal effects
   4. In combination with alcohol, possible coma, and death.

C. Tranquilizers (peace of mind drugs) i.e. Miltown, Librium, Equanil.
   1. Medical uses - relieve anxiety, relaxes muscles, assists psycho-therapy (calms patient) helps to lower blood pressure
   2. Possible dangers of abuse - may damage white blood cells, cause weight gain, cause drowsiness, reduce functional capability of other systems.

SUGGESTED ACTIVITIES

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8th Grade

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

IV.
1. Have students investigate the reasons individuals take drugs other than when prescribed.
2. Do you feel that drug abuse should be treated as a crime or a sickness, or both?
3. Form small groups to research individual drugs. Suggest they make notebooks, posters, or bulletin boards, or report orally to class on findings.
4. Initiate panel discussions using factual reports or recent research on the effects of marijuana.
5. List psychological, physical, emotional, social and legal implications of drug abuse.

Reference

Drug Text.	Drugs: Facts on Their Use and Abuse, Scott-Foresman
Books.	Drug Abuse, pgs. 88 93, 57-67, 19-23. What You Should Know About Drugs and Narcotics, chapter 8. Drug Abuse-A Manual for Law Enforcement Officers, pgs. 5-14, 29-32. Drugs On College Campus, ch. 4, 2, 6 Drug Abuse: Escape to Nowhere, p. 43 Youth and the Drug Problem, ch. 2.
Pamphlets.	"Some Questions and Answers" Marijuana The Up and Down Drugs LSD Narcotics
Films.	Hooked Drugs and the Nervous System LSD: Insight or Insanity
Filmstrip.	Drug Abuse

   3. Physical and psychological dependence; withdrawal may cause convulsion and death
- D. Opiates (opium, morphine, codeine, heroin, paregoric)
   1. Medical uses - capable of relieving or modifying pain, coughs, and diarrhea
   2. Possible dangers of abuse - drowsiness, stupor, lethargy, and indifference; addicted woman may give birth to addicted child masking effect, i.e. existing disease may not be discovered; overdose may produce death
   3. Physical and psychological dependence; tolerance; painful withdrawal illness; relationship with anti-social behavior (street crimes); low rate of permanent recovery
- E. Cocaine ("c", coke, dust, snow) i.e. procaine, novacaine
   1. Medical uses - local anesthetic
   2. Possible dangers of abuse - anxiety, feelings of persecution, depression, hallucinations, convulsions
   3. Aggressive and criminal behavior may result with repeated use
   4. Strong psychological dependence
- F. Volatile chemicals - Freon, cleaning and lighter fluids, paint thinner, marking pencil fluid, gasoline (airplane glue no longer used after adding "essence of mustard")
   1. Medical uses - none
   2. Possible dangers of abuse - drowsiness, stupor, nausea, blood abnormalities, unconsciousness; damage to brain, heart, liver, kidneys, bone marrow, and nervous system; erratic activities; surly and belligerent behavior; unsteady gait; slurred speech; possible death.
   3. Produces psychological dependence - creates tolerance

FUNDAMENTAL LEARNINGS

G. Hallucinogens - LSD, DMT, mescaline
   1. Medical uses - none - in experimental stage with mental disorders and diseases, alcoholism and brain damaged children
   2. Possible dangers of abuse - serious mental changes, distorted perception, fear and overwhelming panic, unpredictable reactions, unexpected recurrence of hallucinations, nausea, restlessness, inability to sleep, and chromosome damage
   3. Psychological dependence

H. Marijuana - Cannabis sativa - (Mary Jane, grass, pot, weed, tea, hash)
   1. Medical uses - none
   2. Possible dangers of abuse - distortion of time, space, hearing, vision, and coordination, possible cause of drowsiness, excitability, hallucinations, and use of stronger drugs
   3. Current investigation regarding psychological dependence and tolerance
   4. Legal aspects - The Marijuana Tax Act of 1937 - severe penalties for the use and possession of marijuana - amendment to the Harrison Act of 1914.

FUNDAMENTAL LEARNINGS

V. Drugs can have adverse effects on the way any individual relates to himself and to society

A. Personal implications
   1. Possible waste of human talent and energy
   2. No longer useful to society, family or self
   3. Reliance on chemicals makes people more an object, more mechanical and depersonalized
   4. Aggravation of basic personality disturbances
   5. Fostering of emotional dependency which is essentially a childhood condition and hinders the growth toward individuality

B. Social implications
   1. Anti-social and criminal behavior often related to drug abuse
   2. Users often have a missionary zeal - introduction of others to drugs
   3. Relationships to accidents, i.e. auto, pedestrian, overdose, suicide and others
   4. Relationships to other aggressive acts - lowering of inhibitions, delusions of grandeur, sense of omnipotence, surfacing of hostilities
   5. Great financial burden to local, state, and federal government for law enforcement and rehabilitation programs

SUGGESTED ACTIV

V. 1. Discuss c
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2. What alte
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3. How can o
4. What atti
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References

Books

Drugs on th
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Drug Abuse,
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8th Grade

AL LEARNINGS

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

V. 1. Discuss cost for community through theft, robbery, rehabilitation and law enforcement.
2. What alternatives are there to the use of drugs?
3. How can one guard against drug abuse?
4. What attitudes and feelings in people promote drug use and which help one face reality without using drugs?

References

Books

Drugs on the College Campus, chapter 3.
Youth and the Drug Problem, chapter 5.
Drug Abuse, A Manual for Law Enforcement Officers, p. 17, 19

2 OF 3

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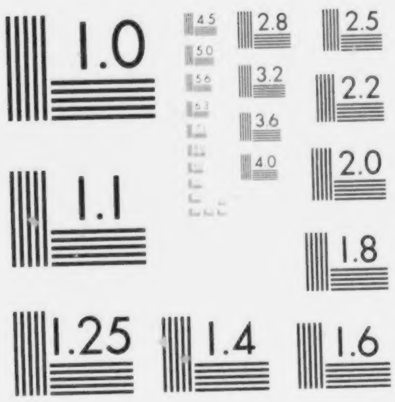
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MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

FUNDAMENTAL LEARNINGS

VI. Legal aspects - A record of an arrest involving drugs or narcotics can follow an individual and handicap him in many ways for the rest of his life.

A. Provisions - All substances used by drug abusers are either completely outlawed or clearly restricted by law; the moment a person becomes involved in sale, purchase, possesion, or use he is breaking a Federal, state or local law.

B. Penalties
   1. Felony - a major crime punishable by five to 20 years in prison and up to $20,000 fine.
      a. Acquire a permanent criminal record
      b. Can eliminate future employment opportunities with the government, business and industry
      c. Jeopardizes professional aspirations
      d. Cannot be issued a passport
   2. Misdemeanor - a lesser crime punishable by up to 12 months in prison and $1,000 fine

SUGGESTED ACTIVITIES,

VI. 1. Investigate and
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2. Laws regarding d
changing. Inves
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3. What are the con
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4. If you discover
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5. How does the pun
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References

Drugs: Facts on The
Drug Abuse: A Manua
Officers, p. 29
Drug Abuse: Escape

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

VI.
1. Investigate and make a chart showing the Federal laws for the control of drugs in the chronological order of their enactment.
2. Laws regarding drug abuse are continually changing. Investigate Virginia and Federal laws relating to drug abuse. Explain that Virginia laws apply to Virginia and may be different from those in DC or Maryland.
3. What are the consequences of being caught at a party where drugs were being used or in a car where drugs were found? How might this affect your whole life? (family, schooling, occupation, reputation, friends).
4. If you discover a friend who is experimenting with drugs, what should you do?
5. How does the punishment for marihuana vary depending on amounts one has in possession?

References

Drugs: Facts on Their Use and Abuse, chapter 7.
Drug Abuse: A Manual for Law Enforcement Officers, p. 29-33.
Drug Abuse: Escape to Nowhere, p. 80-82.

INTRODUCTION

High School

For many years man has used various methods of reacting to anxiet
one of man's methods is to inject, inhale, or ingest some chemical subs
attempt to escape the tensions and pressures of this highly technical w

Due to the fast moving environment, man has failed to develop a si
has caused him to rely on artificial substances at the first sign of ph
addition, the methods of mass media have been most effective in indoctr
must be constant pleasure or a pleasuring experience. This illusion ha
until at last society is beginning to examine with alarm, fear, and com
aided in developing.

Fairfax County educators recognize that the misuse of drugs is a m
today. We believe that this problem must be approached by the schools
drugs designed to make students aware of the harmful effects narcotics
produce, both physical and psychological.

This guide is presented as an aid to the teacher so that he will b
dent gain an understanding of himself and his relationship to society a
need for artificial devices. To this end, numerous resource materials
assist in the dissemination of information.

Principals and faculty will determine how this guide can best be u
levels. It is suggested that home economics, social studies and Englis
education into their programs of instruction.

Teachers of 9th and 10th grade health and physical education will
their programs of health and driver education.

INTRODUCTION

High School

has used various methods of reacting to anxiety and stress. In the present day
to inject, inhale, or ingest some chemical substance to cope with adversity or
ensions and pressures of this highly technical world.

ving environment, man has failed to develop a sincere knowledge of self. This
on artificial substances at the first sign of physical or mental stress. In
f mass media have been most effective in indoctrinating the theory that all life
re or a pleasuring experience. This illusion has been transferred to our youth
s beginning to examine with alarm, fear, and complete frustration what it has

cators recognize that the misuse of drugs is a major problem in Fairfax County
this problem must be approached by the schools through a specific curriculum on
students aware of the harmful effects narcotics and other dangerous drugs can
and psychological.

sented as an aid to the teacher so that he will be better able to help the stu-
ding of himself and his relationship to society and to face life without the
vices. To this end, numerous resource materials are suggested and provided to
ation of information.

culty will determine how this guide can best be used on the 11th and 12th grade
ed that home economics, social studies and English teachers incorporate drug
rograms of instruction.

nd 10th grade health and physical education will use this guide as it relates to
h and driver education.

9th Grade

FUNDAMENTAL LEARNINGS

I. Basis for Behavior

   A. Basic Psychological Needs
      1. Security
      2. Sense of worth
      3. Mutually agreeable interaction with others
      4. Freedom and independence
      5. Conformity
      6. Variety
      7. Religion and philosophy of life
      8. Consideration for others
      9. Implication of money/material things
      10. Love
      11. Achievement (mastery)
   B. Blocking (frustration) of needs (goal attainment) creates necessity for dealing with problems.
      1. Desirable approaches
         a. Confrontation
         b. Compromise
      2. Undesirable approaches
         a. Extreme defense employment (i.e. rationalization, projection, etc.)
         b. Extreme escape employment (i.e. daydreaming, withdrawal, scapegoating, alcohol, drugs, etc.)
   C. Dependence
      1. Learned behavior that the user relies upon to decrease anxiety or provide temporary satisfaction
         a. Excessive eating
         b. Excessive sleeping
         c. Excessive use of alcohol
         d. Abuse of drugs
      2. Other crutches

SUGGESTED ACTIVITIES, QUESTI

I. 1. What are your needs?
   2. What do you think are
   3. Which basic psychologi the most important rea
   4. What do YOU think are logical needs of your
   5. How do YOU think your school, and community gratifying your psycho
   6. In what ways do you th can help you to a grea these needs?
   7. What kinds of things, cause conflicts and fr
   8. How do you react or ha
   9. Do your methods really
   10. If not, are there meth
   11. Can certain ways of so habitual?
   12. Are unrelated activiti stances used by some p and relieve anxiety?
   13. What are some of these
   14. What are some reasons List students' reasons
   15. Are any of these reaso long range answers, or
   16. Is there a relationshi one's environment?
   17. Do teenagers get start by associating with ad
   18. Discuss ways persons a i.e. parties, friends,
   19. What are some healthy energy, curiosity, and nate the need to try d ful substances?

EARNINGS

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

I.
1. What are your needs?
2. What do you think are your most important needs?
3. Which basic psychological need do YOU think is the most important reason for making you act?
4. What do YOU think are the most important psychological needs of your particular group?
5. How do YOU think your family, church or temple, school, and community have influenced you in gratifying your psychological needs?
6. In what ways do you think the above institutions can help you to a greater degree in meeting these needs?
7. What kinds of things, attitudes, or experiences cause conflicts and frustrations in your life?
8. How do you react or handle your conflicts?
9. Do your methods really solve your problems?
10. If not, are there methods of escape or defense?
11. Can certain ways of solving problems become habitual?
12. Are unrelated activities and/or certain substances used by some persons to reduce stress and relieve anxiety?
13. What are some of these activities or substances?
14. What are some reasons that people use drugs? List students' reasons on board.
15. Are any of these reasons short range answers, long range answers, or solutions to problems?
16. Is there a relationship between drug abuse and one's environment?
17. Do teenagers get started on drugs accidentally by associating with addicts?
18. Discuss ways persons are introduced to drugs, i.e. parties, friends, family medicine chest.
19. What are some healthy outlets for teenage energy, curiosity, and "hang-ups" which eliminate the need to try drugs and/or other harmful substances?

9th Grade

FUNDAMENTAL LEARNINGS

D. Reasons for the use and abuse of drugs.
   1. Curiosity
   2. Social pressure (peer pressure)
   3. For fun or pleasure
   4. Desire to please
   5. Fear of unpopularity
   6. Escape from school, family, etc.
   7. Boredom
   8. Rebellion against authority
   9. Despair and frustration
   10. Proof that they can control drugs
   11. Relaxation
   12. Fulfillment of a "purposeless" life
   13. To shock the "establishment"
   14. Medical treatments
   15. Artistic creativity or mind expansion

SUGGESTED ACTIVITIES, QUE

20. How may one react to
    body is doing it," "D
21. Might a drug addict n
    being in terms of res
22. What are some specifi
    may lead to drug abus
    of identity or involv
23. Who is more likely to
    marginal student or a
24. Discuss the relations
    juvenile delinquincy

References

Health Text, Modern Healt
Drug Abuse, chapters 1-10
Youth and the Drug Proble
Drug Abuse: The Chemical
Medical Readings on Drug
Filmstrip: I Never Looke

9th Grade

NTAL LEARNINGS

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

20. How may one react to statements such as: "Everybody is doing it," "Don't be a chicken," etc.
21. Might a drug addict neglect his physical well-being in terms of rest, cleanliness and nutrition?
22. What are some specific emotional problems which may lead to drug abuse? i.e. broken homes, lack of identity or involvement, poor grades.
23. Who is more likely to become a drug abuser, a marginal student or an involved student?
24. Discuss the relationship between drug abuse and juvenile delinquincy and crime.

References

Health Text, Modern Health, chapter 1-13.
Drug Abuse, chapters 1-10
Youth and the Drug Problem, chapters 1 and 4.
Drug Abuse: The Chemical Copout
Medical Readings on Drug Abuse, pgs. 1-15.
Filmstrip: I Never Looked At It That Way Before

9th Grade

FUNDAMENTAL LEARNINGS	SUGGESTED ACTIVITIES, QUEST
II. History and cultures of drug abuse A. Drugs such as opium, hashish, and cocaine that affect behavior have been known since antiquity. They were used by primitive people to: 1. Induce intoxication during religious rite 2. Prepare warriors for battle B. Opium has been used for centuries to induce sleep, reduce pain, and relieve tension. 1. Opium was known to the Egyptians and Persians some 1,000 years before Christ. 2. During the Christian era, the Greeks and Romans used opium in the practice of medicine. 3. During the ninth and tenth centuries, Arab camel trains carried the poppy into India and China. 4. During the eighteenth and nineteenth centuries, a large variety of medicines containing opium were sold in America before its habit-forming qualities were known. C. Many people became accidentally addicted through the use of medicines containing narcotic drugs before physicians realized the dangerous properties of these drugs. 1. Drugs properly used are of value to mankind 2. Drugs require strict controls	II. 1. Is the use of narcoti it have early beginni 2. How has the use of dr tures? 3. Where (locate on map) nings? 4. What is the history o and barbiturates? 5. How does the drug pro with other countries? 6. To what extent have d in the U.S. since 190 7. In what countries are sible? 8. What are the laws in poppies? Can these l 9. What was the Opium Wa 10. What happened to many the Civil War? References Drug Abuse: Escape to No Facts About Narcotics, p. Prevention and Control of Medical Readings on Drug Film. Flowers of Darknes

9th Grade

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

II.
1. Is the use of narcotics a recent problem or does it have early beginnings?
2. How has the use of drugs affected different cultures?
3. Where (locate on map) has opium had its beginnings?
4. What is the history of marihuana, heroin, opium, and barbiturates?
5. How does the drug problem in the U.S. compare with other countries?
6. To what extent have drugs been used and abused in the U.S. since 1900?
7. In what countries are drugs popular and accessible?
8. What are the laws in Turkey on growing opium poppies? Can these laws be changed?
9. What was the Opium War?
10. What happened to many wounded soldiers during the Civil War?

References

Drug Abuse: Escape to Nowhere, p. 15-25.
Facts About Narcotics, p. 4-7.
Prevention and Control of Narcotic Addiction, p. 1-6.
Medical Readings on Drug Abuse, p. 14-16.
Film. Flowers of Darkness

9th Grade

FUNDAMENTAL LEARNINGS

III. Cannabis

A. Marijuana

1. Specifics
   a. Medical use - None in the United States (used in the Middle East)
   b. Dependence - psychological, not physical
   c. Abuse - may cause drowsiness or excitability, dilated pupils
      - may cause talkativeness, laughter, hallucinations, feeling of euphoria
      - sense of time, distance, vision, hearing may be distorted
      - ability to perform certain tasks may be impaired (drive autos, operate machinery, etc.)
      - may cause dizziness, dry mouth, burning eyes, frequent urinations, diarrhea, nausea, hunger (particularly for sweets)
   d. Tolerance - none
      No clear medical determination to date
   e. Taken-smoked or orally
   f. Controls - Marijuana Tax Act (1937) (Federal)
2. Comments
   a. Acts like alcohol (loosens inhibition)
   b. Can have unpredictable effects - mood may change from one of great joy to extreme anxiety
   c. A "learned substance" - it will do for a person what he wants it to do for him
   d. Used in some religious rites in the Far East
   e. Physical harm not established
   f. May lead to other drugs if the group (sub-culture) also uses other drugs

SUGGESTED ACTIVITIE

III. 1. Is there a
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AL LEARNINGS

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

III. 1. Is there a medical use for marijuana?
2. What is the difference between physical and psychological dependence?
3. What are some symptoms of the use of marijuana?
4. Why are there laws against the use of drugs such as marijuana?
5. What is the basic difference between smoking "pot" and smoking tobacco?
6. Is it at all possible for you to be the best judge of whether or not you will develop an emotional or psychological dependency on marijuana or on other drugs?
7. Why did those in rehabilitation centers say they left marijuana for stronger drugs?
8. Is it possible that the effects resulting from using marijuana may cause harm to oneself and to society? If so, in what ways?
9. Do the effects of marijuana use vary on different individuals or on the same individual at different times?
10. What per cent of narcotic addicts were previously marijuana users?
11. What would happen if marijuana were legalized and society were totally affected? (i.e. advertising, use by young, use in all professions).
12. If marijuana were legalized, where would the line be drawn on other hallucinogenic drugs such as hashish, peyote, and mescaline?
13. Debate the statement from the _British Medical Journal_, "... those observers who have seen marijuana used over a long time concur in the opinion that the drug leads to moral and social decay?"
14. Should persons who attempt to legalize marijuana ignore world experience with the drug? Why did India and Nigeria outlaw its use?

FUNDAMENTAL LEARNINGS

g. Found in resin from flowering tops and leaves of female Indian hemp plant
h. Potency varies with geographical location and time of harvest
i. Since reaction to marijuana is psychological and to heroin physical, the use of one does not necessarily lead to the other.
j. Long term effects - laziness, indifference, carelessness, anxiety

B. By-products of Indian hemp
1. Indian Hemp - cannabis sativa. A tall, weedy herb. Male plants yield hemp, female plants flower and yield bhang, marijuana, ganja and charas.
2. Bhang - smoking mixture from uncultivated female plants
3. Marijuana - Mexican - Spanish for bhang
4. Ganja - Specially harvested grade of female hemp plants. Tops are cut and used in smoking mixtures, beverages and sweetmeats.
5. Charas - pure resin from tops of female plants of Indian hemp. Resin is always extracted, called hashish and derived from drug known as cannabis indica

SELECTED ACTIVITIES, QUEST

15. Can drugs be controlle
16. What laws have we trie needed? Are new ones
17. Are human rights invol
18. What efforts are being

References

Drug Abuse, chapter 4.
Youth and the Drug Problem
Drug Abuse: A Law Enforce
Drug Abuse: Escape to Now
Drugs on the College Campu
Marijuana, Some Questions
Medical Readings on Drugs

Film - Marijuana

Filmstrip - Marijuana, Wha
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Tape - Marijuana, EPC

9th Grade

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SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

15. Can drugs be controlled by law?
16. What laws have we tried? Which are still needed? Are new ones needed?
17. Are human rights involved?
18. What efforts are being made to pass new laws?

References

Drug Abuse, chapter 4.
Youth and the Drug Problem, chapter 3.
Drug Abuse: A Law Enforcement Manual, page 14.
Drug Abuse: Escape to Nowhere, page 38.
Drugs on the College Campus, chapter 2 and 6.
Marijuana, Some Questions and Answers
Medical Readings on Drugs Abuse, page 94-116.

Film - Marijuana

Filmstrip - Marijuana, What Can You Believe? pt. 2
Drugs in our Society - Marihuana

Tape - Marijuana, EPC

9th Grade

FUNDAMENTAL LEARNINGS

IV. Barbiturates and Amphetamines

- A. Barbiturates - (sleeping pills)
  - 1. Specifics
    - a. Medical use - sedation, insomnia, epilepsy, high blood pressure, nervous and mental conditions
    - b. Dependence - physical and psychological
    - c. Tolerance - created
    - d. Abuse - drowsiness, staggering, slurred speech, confusion
    - e. Taken - orally or by injection
    - f. Controls - Drug Abuse Control Amendments (1956) (Federal)
  - 2. Comments
    - a. Obtained by prescription only
    - b. Original prescription expires after six months
    - c. Only five refills permitted within this period
    - d. Dependence generally occurs only with the use of high doses for a protracted period of time
    - e. Combination of barbiturates and alcohol extremely dangerous
    - f. Names usually end in "al"
    - g. Synthetics - made from coal tar
    - h. Capsules - usually colored (nicknames pertain to color)
    - i. Produce - physical and strong psychological dependence
    - j. Serious damage may result
    - k. Detoxification is extremely dangerous if not conducted under medical supervision. Reduction of ¼ grain for user may lead to lethal convulsions.

SUGGESTED ACTIVITIES, QUE

IV.
1. What are barbitur
2. Why can barbitura
they are used onl
3. Are there any pre
cerning barbitura
4. What are some of
doctor in choosin
when filling the
5. Why is barbiturat
dangerous?
6. Which is more dan
barbiturate withd
7. Could a combinati
ates prove fatal?
8. Have you heard or
people involved i
9. Under what condit
be accidental? W
10. Why is "swapping"
11. What do you think
of yours shows si
12. Engage a doctor o
class or an assem
of Rx drugs such
drug therapy and
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cations, precauti
dications.
13. Suggest student r
Medicine" or "The
Nervous System."
14. What are amphetam
15. Do amphetamines h
16. What are some of
amphetamines?
17. What effect do am
Short term? Long

9th Grade

LEARNINGS

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

IV.
1. What are barbiturates?
2. Why can barbiturates be of great value when they are used only as a physician prescribes?
3. Are there any prescription regulations concerning barbiturates?
4. What are some of the responsibilities of the doctor in choosing a drug and the pharmacist when filling the prescriptions?
5. Why is barbiturate abuse considered extremely dangerous?
6. Which is more dangerous, opiate withdrawal or barbiturate withdrawal? Why?
7. Could a combination of alcohol and barbiturates prove fatal? Why?
8. Have you heard or read about any prominent people involved in barbiturate abuse?
9. Under what conditions can barbiturate abuse be accidental? Why?
10. Why is "swapping" pills harmful?
11. What do you think you should do if a friend of yours shows signs of withdrawal?
12. Engage a doctor or pharmacist to address a class or an assembly to cover certain aspects of Rx drugs such as: new uses for drugs, drug therapy and treatment, generic equivalence, doses and how determined, drug indications, precautions, side effects, contraindications.
13. Suggest student reports on "New Drugs in Medicine" or "The Effects of Drugs on the Nervous System."
14. What are amphetamines?
15. Do amphetamines have any medical use?
16. What are some of the most commonly abused amphetamines?
17. What effect do amphetamines have on the body? Short term? Long term? Wearing off?

FUNDAMENTAL LEARNINGS

l. Degree of use is greater than opiates
m. Under medical supervision, they are safe and effective
n. More people die from barbiturate poisoning than from any other drug
o. A major cause of automobile accidents

3. Withdrawal symptoms of barbiturates
   a. 8-12 hours after last dose (abuser starts to improve)
   b. 12-24 hours - increasing nervousness, headaches, anxiety, muscle twitching, tremors, weakness, cramps, nausea, delirium, insomnia, sudden drop in blood pressure (may faint if tries to stand suddenly)
   c. 24 hours - symptoms very severe
   d. 36 - 72 hours - convulsions resembling epileptic seizures may develop
   e. May last as long as eight days
   f. Delerium Tremens may develop
   g. Convulsions may be fatal

B. Amphetamines - (pep pills, diet pills), amphetamine sulphate (benzedrine), dextro-amphetamine, methedrine (speed)
   1. Specifics
      a. Medical use - to counteract depression, reduce appetite, cure of Narcolepsy (sleeping sickness)
         - also used as a nasal vasoconstrictor in treatment of colds (more effective drugs available)
         - for obesity, menopausal depression, senility, grief
      b. Dependence - psychological, not physical
      c. Tolerance - created
      d. Abuse - excitation, energy, alertness, endurance, dilated pupils, tremors, talkativeness, hallucinations, rise in blood pressure, dry mouth, sweating, diarrhea, frequent urination,

SUGGESTED ACTIVITIES, QUES

18. Is there regulation o usage?
19. Why should the prescri ting to diet pills be
20. Why do so many drugs a
21. What is the usual phys freaks?"
22. Many truck drivers use this prove dangerous?
23. Why do some college st of "ups?" How might t
24. Why are amphetamine ab disease?
25. What are paranoid delu
26. How do the personaliti from those of heroin c

References

Drug Abuse, chapter 2.
Youth and the Drug Problem
Drug Abuse, A Manual for L
p. 7-10
Drug Abuse: Escape to Now
Drugs on the College Campu
The Up and Down Drugs
Medical Readings on Drug A
Film. FDA: Special Repor
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Filmstrip. Drugs in our S
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Tape. Ups and Downs, EPC
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9th Grade

ARNINGS

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muscle twitching,
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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

18. Is there regulation or control of amphetamine usage?
19. Why should the prescription instructions relating to diet pills be strictly followed?
20. Why do so many drugs abusers avoid "speed?"
21. What is the usual physical condition of "speed freaks?"
22. Many truck drivers use amphetamines. How might this prove dangerous?
23. Why do some college students resort to the use of "ups?" How might this affect performance?
24. Why are amphetamine abusers susceptible to disease?
25. What are paranoid delusions?
26. How do the personalities of "speed" users differ from those of heroin or LSD users?

References

Drug Abuse, chapter 2.
Youth and the Drug Problem, chapter 2.
Drug Abuse, A Manual for Law Enforcement Officers, p. 7-10
Drug Abuse: Escape to Nowhere, p. 32-35.
Drugs on the College Campus, chapter 2 and 6.
The Up and Down Drugs
Medical Readings on Drug Abuse, p. 117-152
Film. FDA: Special Report: Drug Abuse-Bennies and Goofballs
Filmstrip. Drugs in our Society "Barbiturates, Amphetamines and Other Rx Drugs"
Tape. Ups and Downs, EPC
Transparencies. The Use and Misuse of Drugs

insomnia, palpitations, dilation of pupils, headaches, paleness, nervousness, anxiety, sleeplessness
   e. Long range abuse - high blood pressure irregular heart rhythms or heart attacks, paranoid delusions, suicidal attempts, drug induced mental illness, permanent brain damage
   f. Taken - orally or by injection
   g. Controls - Drug Abuse Control Amendment (1965) (Federal)

2. Comments
   a. Prescription only
   b. Original prescription expires after 6 months
   c. Only five refills permitted during this period
   d. May be physically destructive - "burns out" body (overproduction of adrenalin)
   e. Involved with stimulant - sedative (wakers and sleepers) cycle
   f. Scientists have found that in the body these drugs stimulate the release of a substance stored in nerves and concentrate it in the higher centers of the brain

NTAL LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

alpitations, dilation of
daches, paleness, nervous-
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abuse - high blood pressure
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9th Grade

FUNDAMENTAL LEARNINGS

V. Hallucinogens (psychedelics) "mind expanders" or "awareness expanders" may cause distortion of perception, dream images, hallucinations

A. LSD (lysergic acid diethylamide)
  1. Very powerful hallucinogen
  2. Synthesized in 1938 from the fungus ergot growing on rye
  3. Obtained - small white pill, crystalline powder -- powder - capsules - tasteless, colorless, odorless liquid - impregnated sugar cubes, cookies, crackers.
  4. Taken - orally or injected
  5. Medical use - none approved - experimented with as possible treatment for mental and emotional illness and for alcoholism
  6. Physical effects
    a. central nervous system - can produce changes in mood, behavior, and perception (sight, hearing, touch, body image, time-space relations) distortion, illusions, restlessness, loss of sleep
    b. Dilated pupils, tremors, elevated temperature and blood pressure, shaking of hands and feet, shivering, irregular breathing, nausea, loss of appetite.
    c. Tolerance - No clear medical evidence to date
    d. No physical dependence
    e. Splits chromosome structure - the possibility of creating permanent genetic damage is under investigation
  7. Psychological effects
    a. Trivial events and objects can assume unusual significance

SUGGESTED ACTIVITIES,

V. Hallucinogens

1. Why do teenagers taking LSD?
2. What kinds of dis of LSD?
3. How may the effec oneself and to so
4. How safe is the q is obtainable?
5. What degree of co supplier of LSD?
6. Is there a legal
7. Are there halluci
8. Contrast attitude and mental diseas expose himself to take a chance wit worse?

References

Drug Abuse, chapter 5
Youth and the Drug Pr
Drug Abuse, A Manual
page 10.
Drug Abuse: Escape t
Drugs on the College
LSD: Some Questions
Medical Readings on D
Films. LSD: Insight
LSD: Trip or
LSD: Escape
LSD: 25
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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

V. Hallucinogens

1. Why do teenagers knowingly risk the dangers of taking LSD?
2. What kinds of distortions may occur from the use of LSD?
3. How may the effects from using LSD cause harm to oneself and to society?
4. How safe is the quality and dosage of LSD that is obtainable?
5. What degree of confidence can you have in a supplier of LSD?
6. Is there a legal supply of LSD?
7. Are there hallucinogenic drugs other than LSD?
8. Contrast attitudes toward communicable diseases and mental diseases. Would one intentionally expose himself to TB, mumps, measles? Would one take a chance with mental illness? Which is worse?

References

Drug Abuse, chapter 5
Youth and the Drug Problem, chapter 2
Drug Abuse, A Manual for Law Enforcement Officers, page 10.
Drug Abuse: Escape to Nowhere, p. 40
Drugs on the College Campus, chapter 2 and 6
LSD: Some Questions and Answers
Medical Readings on Drug Abuse, p. 154-196.
Films. LSD: Insight or Insanity
LSD: Trip or Trap
LSD: Escape to Where
LSD: 25
Filmstrip. Drugs in Our Society
Marijuana and LSD
Tape. Hallucinogenic Drugs, EPS

- b. Variety of moods (laughter to tears)
- c. User may experience anxiety, fear, panic
- d. User may undergo impulsive behavior (suicidal attempts, disrobing, panic states, homicidal tendencies), paranoia
- e. Psychological dependence - under investigation
- f. "Trips" - dependent on dosage as to time
  - waves (alternating, diminish in intensity)
  - some fatigue, tension, and recurrent hallucinations may persist for long periods
  - psychological changes can persist for indefinite periods
- g. Psychotic states - being admitted into hospitals in increasing numbers
- h. Reactions unpredictable - (even with experienced users) - some harmless, some "casualties" because user may feel indestructible - leap from high places
- i. Delayed reactions may occur and recur for weeks
- j. Controls - FDA - Drug Control Amendments (1966) (Federal)

B. Other hallucinogens
  1. Mescaline
    - a. Derived from Mexican cactus, peyote
    - b. Used by certain southwest Indians in religious tribal rites
    - c. Available as crystalline in capsules
    - d. Available as liquid in vials
    - e. Can be obtained as a greyish-brown cloudy liquid
    - f. Can be obtained as a whole cactus "button"

9th Grade

MENTAL LEARNINGS	SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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experience anxiety, fear,

undergo impulsive behavior
attempts, disrobing, panic
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FUNDAMENTAL LEARNINGS

SELECTED ACTIVITIES

  - g. Injected or taken orally often in tea, coffee or some beverage (because of its bitter taste)
  - h. Dependence - psychological, not physical
  - i. Tolerance - created
  - j. Abuse - can cause excitation, hallucinations or rambling speech
  - k. May result in visions seen in vivid colors
- 2. Psilocybin
  - a. Derived from mushrooms found in Mexico
  - b. Used in some Indian religious rites
  - c. May produce hallucinations
  - d. Available in crystalline powder or liquid
  - e. Dependence - Psychological, not physical
- 3. DMT (dimethyltryptamine)
  - a. "Watered down" version of LSD
  - b. Derived from seeds of certain West Indian and South American plants
  - c. Also prepared synthetically
  - d. Powder used as "snuff" for centuries - still used by some Indians (Mexico and Southwest United States)
  - e. Reactions shorter than LSD
- 4. STP and Morning Glory seeds

9th Grade

DAMENTAL LEARNINGS	SELECTED ACTIVITIES, QUESTIONS AND REFERENCES
or taken orally often in ee or some beverage (because tter taste) e - psychological, not physi- - created an cause excitation, hallu- or rambling speech t in visions seen in vivid rom mushrooms found in ome Indian religious rites ce hallucinations in crystalline powder or e - Psychological, not physi- yltryptamine) down" version of LSD rom seeds of certain West d South American plants ared synthetically ed as "snuff" for centuries - d by some Indians (Mexico west United States) shorter than LSD ng Glory seeds	

FUNDAMENTAL LEARNINGS

VI. The Narcotics

- all produce physical and psychological dependence

- not harmful to society or the individual if properly handled

- use learned through connection with a sub-culture group (in the case of the "street heroin addict")

A. Opium - seldom used by American addicts (except in its derivatives); milky juice extract from unripe seeds of opium poppy which is processed to a dark gummy extract, bitter taste, heavy disagreeable odor when smoked in pipe, may cause dreamy stupor

B. Morphine (derivative of opium)
  - fine white powder, odorless
  - usually adulterated with milk sugar (lactose) or other substances
  - usually distributed in "bag" or "cap" (flat glassine packet)
  1. Medical use - to relieve pain, anxiety, and general discomfort to promote sleep
  2. Dependence - physical and psychological
  3. Tolerance - created
  4. Abuse - drowsiness or stupor; pinpoint pupils; slows heart; decreases respiration; sweating, and nausea
  5. Taken - orally, injected, sniffed
  6. Controls - Harrison Act (Federal)
  7. Comments - The standard against which other narcotic analgesics are compared
     - Legally available under prescription only
     - Doctors usually avoid long use to prevent "accidental addiction."

SELECTED ACTIVITIES

VI. Narcotics
1. What are opiat
2. Is cocaine cla
3. Opium
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4. Morphine
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5. Heroin
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   c. Is heroin
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   e. What are s
      of heroin?
   f. Besides th
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   g. Is heroin
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NDAMENTAL LEARNINGS

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prevent "accidental addic-
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SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

VI. Narcotics
1. What are opiates?
2. Is cocaine classified as a narcotic?
3. Opium
    a. What stories have you heard about opium?
    b. Is opium a serious problem in the United States? Why? Why not?
    c. Are any of the opiates valuable? In what respect?
    d. In what parts of the free world is opium most freely used?
4. Morphine
    a. Is the use of morphine ever legal?
    b. Why do doctors limit the use of morphine in medicine?
    c. Under what conditions do you think a doctor can extend the use of morphine? (i.e. patient dying of cancer)
    d What controls in the use of morphine are placed on the medical professions?
    e. What are some synthetic substitutes for morphine?
5. Heroin
    a. Which of the opiates is the most addictive?
    b. Does heroin have any medical value?
    c. Is heroin legal in the United States?
    d. Why is the use of heroin dangerous?
    e. What are some harmful effects in the use of heroin?
    f. Besides the risk of addiction, what other problems are associated with heroin abuse?
    g. Is heroin injected only into the arm?
    h. Might the regular use of heroin affect one's health habits?
    i. What are the symptoms of withdrawal? Early symptoms? Late symptoms?
    j. What is the length of complete withdrawal from heroin?
    k. Why do most addicts return to heroin after physical withdrawal?

FUNDAMENTAL LEARNINGS

C. Heroin (derivative of morphine) - most addictive of all opiates
  1. Medical use - relieve pain (illegal in the United States even to the medical profession)
  2. Dependence - physical and psychological
  3. Tolerance - created
  4. Abuse - drowsiness, stupor, pinpoint pupils, dulling of senses, lack of coordination, drop in blood pressure, reduced respiration
  5. Taken - sniffed or injected (orally for medical use in Germany)
  6. Controls - Harrison Act (Federal)
  7. Secondary complications - hepatitis, tetanus, and other infections - breakdown of veins
  8. Comments - Used medically in some countries - because of pressure by law enforcement, supplies have tended to be of low percentages - overdoses can cause death

D. Codeine (derivative of opium) about 1/6 strength - Cheracol, Cosanyl
  1. Medical use - to relieve pain and suppress coughing
  2. Dependence - physical and psychological
  3. Tolerance - created
  4. Abuse - drowsiness, pinpoint pupils, stupor
  5. Taken - orally, pill form - one of the major ingredients in prescription cough syrup
  6. Controls - Harrison Act (Federal)
  7. Comments - preparations containing specified minimal amounts are classified as "exempt" (differing in states) - can be obtained without prescription in some states

SUGGESTED ACTIVITI

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  m. Describe

6. Codeine
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7. Synthetic Op
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l. What is the cost of drug abuse to society?
m. Describe the life of an addict.

6. Codeine
   a. Why do some cough medicines require a prescription?
   b. Is there any danger in the use of codeine?
7. Synthetic Opiates
   a. Can opiates be obtained from other than natural sources?
   b. How can opiates be beneficial?
   c. Are there any dangers involved in the use of synthetic opiates?
   d. How are methadone clinics being used in the metropolitan area? Why are they frequently criticized?
   e. Debate the values and dangers of methadone.
   f. Without proper controls, can methadone be dangerous? Cite some fatal cases in Fairfax County.
8. Cocaine
   a. Although legally classified as a narcotic, cocaine is very different from the other opiates. How is it different?
   b. Is there any relationship between cocaine and cocoa?
   c. What are the effects of cocaine abuse?
   d. Are there dangers in cocaine abuse?
9. Definitions used in relation to drugs
   a. What is drug dependence?
   b. What is tolerance?
   c. What is withdrawal?
   d. How is withdrawal related to crime?
   e. Is addiction inherited?
   f. What is addiction?
   g. Compare and contrast physical and psychological addiction.

E. Paregoric
   1. Medical use - to control diarrhea; to reduce discomfort of teething (local application)
   2. Dependence - physical and psychological
   3. Tolerance - created
   4. Abuse - drowsiness, pinpoint pupils, stupor
   5. Taken - orally
   6. Controls - Harrison Act (Federal)
   7. Comments - classified as "exempt narcotic." - prescription not needed in some states

F. Synthetic Opiates
   1. Meperidine (morphine-like drug) trade name Demerol
      a. Medical use - to relieve pain
      b. Dependence - physical and psychological
      c. Tolerance - created
      d. Abuse - similar to morphine (except at higher doses) - excitation, tremors, convulsions
      e. Taken - orally or injected
      f. Controls - brought under the Harrison Act (1944) (Federal)
      g. Shorter acting than morphine
         - withdrawal symptoms appear quickly
         - prescription only
   2. Methadone (morphine-like drug)
      a. Medical use - to relieve pain - used to "block" craving for heroin in some individuals
      b. Dependence - physical and psychological
      c. Tolerance - created
      d. Abuse - same as morphine
      e. Taken - orally or by injection
      f. Controls - brought under the Harrison Act (1953) (Federal)

References

Drug Abuse, chapter 6, 7,
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Drug Abuse - A Manual for
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Drug Abuse: Escape to No
Drugs on the College Camp
Medical Readings on Drug
Narcotics: Some Question

Films. Hooked
Fight or Flight

Filmstrip. Drugs in Our

Tape. EPC - Hard Drugs

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SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

References

Drug Abuse, chapter 6, 7, and 8
Youth and the Drug Problem, chapter 2, 4, and 5
Drug Abuse - A Manual for Law Enforcement Officers, pages 5, 29
Drug Abuse: Escape to Nowhere, page 30, 45
Drugs on the College Campus, chapter 2, 6
Medical Readings on Drug Abuse, pages 197-211
Narcotics: Some Questions and Answers

Films. Hooked
Fight or Flight

Filmstrip. Drugs in Our Society "Narcotics"

Tape. EPC - Hard Drugs

- g. Comments - longer acting than morphine - withdrawal symptoms develop more slowly, are less intense and more prolonged
- G. Cocaine
  - 1. Origins - obtained from leaves of coca plant (South America)
    - not the same as cocoa (from Cocoa plant)
    - odorless, white crystalline powder, bitter taste
  - 2. Specifics
    - a. Medical use - local anesthetic (although rare today)
    - b. Dependence - psychological, not physical
    - c. Tolerance - (controversial point) - no clear medical determination to date
    - d. Abuse - Extreme excitation, tremors, hallucinations
      - May produce euphoria; a sense of increased muscle strength, anxiety and fear
      - Pupils dilate; increase in heartbeat and blood pressure
      - Stimulation followed by period of depression
      - May depress heart and respiratory functions so that death occurs
    - e. Taken - sniffed or injected
    - f. Controls - Harrison Act (Federal)
  - 3. Comments
    - a. Although pharmacologically not a narcotic, classified as such in Federal and State laws
    - b. Combined with heroin to counteract sedation
    - c. May produce violent behavior
    - d. No withdrawal symptoms

9th Grade

ARNINGS	SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES
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H. General Effects of Opiates
  1. May reduce sensitivity to both physical and psychological stimuli and produces a state of euphoria in beginning and recently detoxified users.
  2. Fear, tensions and anxieties may be dulled
  3. Addict may become lethargic and indifferent to his environment and personal situation
  4. A pregnant woman may produce an addicted child
  5. Side effects - nausea, vomiting, constipation, itching, flushing, constriction of pupils, respiratory depression

I. Withdrawal - Symptoms of Opiates
(Typical - varies with the degree of physical dependency, it is related to the amount of the drug customarily used and to the individual's physiological and psychological reactions)
  1. Onset may start from about four hours on after last dose
  2. 12-24 hours -
     a. eyes and nose run
     b. excessive yawning
     c. excessive sweating
     d. pupils enlarge
     e. "goose flesh" may appear
  3. 36 hours
     a. cramps in back, legs and abdomen
     b. painful twitching
     c. vomiting
     d. diarrhea
     e. loss of appetite
     f. fevor
     g. jerking of leg muscles (kicking the habit)
  4. 48-72 hours - peak of suffering
  5. 5-10 days - tapering off period, symptoms gradually diminish

9th Grade

LEARNINGS

SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

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6. Weariness, insomnia, nervousness, muscle aches, pains may persist for several weeks
7. In extreme cases - death may result

J. Definitions used in relation to drugs
   1. Dependence - a state arising from the repeated administration of a drug on a periodic or continuous basis
      Refers to a type - Examples:
      "Drug dependence of the heroin type"
      "Drug dependence of the cocaine type"
      "Drug dependence of the barbiturate type"
      a. Physical dependence - an adaptation wherein the body:
         (1) "Learns" to live with the drug
         (2) "Learns" to tolerate increasing doses
         (3) Reacts with withdrawal symptoms when deprived of it (abstinence syndrome)
      b. Psychological dependence - an emotional desire or need to continue using the drug, for whatever effect the individual finds "desirable"
   2. Tolerance - refers to the body adapting to the substance so that increasing doses are required for any or all of the following reasons:
      a. In order to obtain an effect equal to the initial dose
      b. To prevent withdrawal symptoms (Tolerance can occur within physical dependence)
   3. Addiction - a state of periodic or chronic intoxication produced by the repeated consumption of a drug and involves Tolerance, Psychological Dependence, usually Physical Dependence, and an overwhelming compulsion to continue using the drug
   4. Habituation - a condition, resulting from the repeated consumption of a drug, which

9th Grade

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involves little or no evidence of tolerance, some psychological dependence, no physical dependence, and a desire (not a compulsion) to continue taking the drug for the feeling of well-being received 5. Abuse - Drugs that are not obtained by prescription, used without medical knowledge or supervision, used in amounts beyond that for which medically intended	

9th Grade

LEARNINGS	SELECTED ACTIVITIES, QUESTIONS AND REFERENCES
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FUNDAMENTAL LEARNINGS

VII. Problems and Social Effects of Continued Use of Drugs

A. Great waste of human talent and energy

B. Lowering of initiative and academic efficiency As drugs become an important thing in a student's life, it may influence him to leave school to take a job to pay for his addiction

C. Loss of job because of irresponsibility or absenteeism

D. Destruction of personal and family relationships on any socioeconomic level. Withdrawal from family and friends to live along with "the drug and needle."

E. Stealing and other criminal acts in order to keep a drug supply. Costly in property losses to society

F. Motor vehicle accidents caused by drug use contributing to dangers on the highway, suicides, and accidental poisoning from drug overdosages

G. Costly to society in providing addicts with welfare, treatment, criminal prevention, and rehabilitation.

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SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

VII. Social Effects of Drug Abuse

1. Suggest student reports on problems of society caused by drug abuse.
2. Why may a constant drug user be apt to drop out of school?
3. How does a family feel if one of their members becomes addicted?
4. What per cent of crime is related to drug abuse? What is the cost?
5. Does a drug user know the exact content of the drug he is taking? After use, may he lose count? What may happen with overdose?
6. Collect and discuss new items that pertain to problems and crimes caused by drug abuse.
7. Engage an ex-drug addict to speak to the class about life as a drug addict and why he decided to kick the habit.

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Text: Modern Health, chapter 1-13
Drugs on the College Campus, p. 1-18
The Drug Dilemma, p. 115-126
Facts About Narcotics, p. 26-32
Drug Abuse: The Chemical Cop-out
Medical Readings on Drug Abuse, p. 212-248

FUNDAMENTAL LEARNINGS

VIII. Alternatives to the Use of Drugs - What Can Be Done to Guard Against Abuse? What are some Facilities and Methods for Teaching Drug Addiction?

- A. Individual guard against drug abuse
    1. The only sane policy is complete avoidance except under medical supervision
    2. Adopt sound mental health habits
    3. Develop an attitude toward stress, tension, anxiety, and pain as useful signs of hidden problems, i.e. substitute worthwhile projects, learn to live with situations that cannot be immediately changed, etc.
    4. Seek professional help for chronic unhappiness
- B. Treatment and rehabilitation of the addict
    1. Many medical authorities treat the addict as a sick person
    2. Federal hospitals in Lexington and Fort Worth were the first to treat addicts
    3. The first phase of treatment, detoxification, is withdrawing the addict from the drug
    4. The most difficult phase of rehabilitation is learning to face up to his responsibilities without the use of drugs
    5. The Narcotic Addict Rehabilitation Act of 1966 gives certain addicts a choice of treatment instead of imprisonment if they are not charged with a crime

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Appendix E

Drug Abuse: Esca
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SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

VIII. Alternatives to the Use of Drugs

1. What are some positive ways of solving problems?
2. What professional help is available for people with mental and social problems?
3. Why do medical authorities consider the drug addict as a sick person?
4. Why do physicians who give treatment frequently do so in a hospital setting?
5. What are some local, state, and federal resources available for therapy and rehabilitation? Contact DC Drug Central for a listing of resources available in the metropolitan area. Stimulate some students to check out what is available, visit or call the places, evaluate them, and make suggestions for improvement.
6. Explore various methods of treatment including methadone clinics.
7. Discuss the role of vocational rehabilitation.
8. Debate the "American system of treatment."
9. Engage a rehabilitation counselor to speak to the class concerning his role in the treatment in drug abuse.

References

Appendix E

Drug Abuse: Escape to Nowhere, p. 45-51, and 82
Drugs and You, page 136-149
Medical Readings on Drug Abuse, p. 249-260

FUNDAMENTAL LEARNINGS

I. Drugs and Driving Do Not Mix

  A. Some drugs may be sold over the counter without a prescription from a physician
    1. These drugs are required by law to bear "adequate directions for use." If used with the frequency and in the amounts stated in these directions, there is no danger in driving a motor vehicle
    2. Where one tablet helps, two tablets will not necessarily be more helpful; two tablets could affect the nervous system, reduce your alertness and impair driving performance
    3. A common drug, such as aspirin, can be fatal if ingested in large numbers (have been used to commit suicide).
  B. Another group of drugs can be dispensed only on a doctor's prescription
    1. The doctor indicates directions for use to you or the druggist. These directions should be followed exactly, not only to accomplish their purpose, but also to prevent dangerous side effects
    2. The brain is the first organ in the body affected by drugs used in excess of directions. Ability to function, to be alert, to see and prevent dangers is often destroyed.

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SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

I.
1. What federal agency controls drug advertising, labeling and use?
2. What is the difference between prescription and non-prescription drugs? List examples of each.
3. What are the labeling requirements for drugs?
4. Cite examples of over-the-counter drugs accused of false advertising.
5. Do you think there is much false advertising about drugs?
6. Why should patients be very careful in following doctors' prescriptions regarding amounts and time intervals?
7. Cite specific examples of prescription and non-prescription drugs that might affect one's driving ability.

FUNDAMENTAL LEARNINGS

II. Different drugs have different effects on body functions - all detrimental to driving performance.

- A. Narcotics
  - 1. They have a depressant effect on the central nervous system which produces drowsiness, inability to concentrate, impaired vision, and sluggishness, but at the same time they provide a feeling of well-being (euphoria) or apathy
  - 2. They are usually habit forming, and when the supply is cut off, serious and painful withdrawal symptoms may develop
- B. Marijuana
  - 1. In early stages, the user may appear animated and hysterical, while in the later stages sleepiness and stupor result
  - 2. A person who becomes psychologically dependent and takes heavy dosage may experience hallucinations - and the mood may swing from joy to extreme fear or panic
  - 3. Marijuana intoxication does not impair motor coordination as much as concepts of time and space, therefore, a user may operate a car while his concepts of time and space (depth perception) are radically distorted

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SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

II. 1. Classify specific types of drugs, their effects on body functions, and possible consequences for the motor vehicle operator and general traffic safety.

2. Engage speakers from the medical, pharmacological, and law enforcement fields to address students on the topic of drugs and driving.

3. Why do many long distance truck drivers take amphetamines? How may this be dangerous?

4. Do drugs have the same effect on different people? Do drugs affect the same individual differently at different times?

5. Suggest a student report on "synergetic effects."

FUNDAMENTAL LEARNINGS | SELECTED ACT

C. Amphetamines

1. They have a stimulating effect on the nervous system, increasing alertness and efficiency for a short time.
2. Temporary effect may be followed by headache, dizziness, irritability, decreased ability to concentrate, and marked fatigue.
3. Operators may see things in the road that are not really there - mirages or hallucinations. "Voices" may be heard in the cab of the truck or outside the car window, "ghost vehicles" appear and a driver swerves to avoid them and crashes.
4. Operators need to consider that use interferes with the body's normal protective symptoms of drowsiness and fatigue (feeling of exhaustion is short circuited), causing the driver to use up the reserve of body energy until a total and sudden collapse may occur.
5. Legally, amphetamines can be sold only in drug stores, upon presentation of a doctor's prescription, but they are "bootlegged" and sold for enormous profit to truck drivers and young persons to keep awake.

D. Barbiturates

1. The natural tolerance for barbiturates varies from one person to another (greater tolerance doesn't preclude addiction).
2. Excessive use produces symptoms similar in some respects to alcoholic intoxication (drowsiness, confusion, inability to coordinate muscular actions, difficulty in thinking or talking clearly).

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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3. Even the occasional user will become drowsy and less alert. This reduces the driver's ability to identify, predict, decide and act.
4. Withdrawing from barbiturate overuse may be more difficult than withdrawing from narcotics and can cause convulsions, spasms, muscular cramps, rigidity. Often this may happen behind the wheel of a car.
5. Barbiturates and alcohol can cause sudden death due to chemical interaction.
6. They should never be used except under a doctor's instructions, and never while driving.
7. They may not be sold legally without prescription.

E. Tranquilizers

1. They are relatively mild compared to barbiturates but if excessive dosages are used repeatedly they can result in sedation to the point of dizziness, drowsiness and blurred vision.
2. Physical dependence can develop if used excessively.
3. They fall under the Federal prescription drug laws, although some preparations are compounded with other substances to contain a small amount of tranquilizer and sold without prescription.
4. Even those sold over the counter may have such a depressant effect on the central nervous system that driving performance will be dangerously impaired.
5. They are particularly dangerous when used along with other drugs or alcohol (synergetic effects).

SELECTED ACTIVITIES, QUESTIONS AND REFERENCES

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F. Antihistamines

1. They have a depressant effect on the central nervous system.
2. They may cause side effects such as inattention, confusion and drowsiness.
3. Effects vary from person to person and are rather unpredictable (one person feels nothing; one is overcome with the desire to sleep; and one suffers genuine hallucinations.)
4. Some preparations containing a quantity of antihistamines compounded with other substances may be sold without prescription (Contac, Dristan, etc. are examples).

G. A number of other drugs need to be avoided entirely by highway users.

1. Dramamine, a widely prescribed product for motion sickness, may cause drowsiness, dull mental alertness, and slow down reaction time.
2. Penicillin and sulfanilamides may cause abnormal and violent reactions. (Streptomycin is particularly bad.)
3. Reducing preparations may cause dizziness and drowsiness.
4. Glue sniffing produces immediate symptoms similar to those associated with alcohol intoxication, while a second stage produces drowsiness, stupor, or, in some cases, unconsciousness.
5. LSD and other hallucinogens primarily affect the central nervous system, producing changes in mood and behavior, and upsetting the user's perception of reality (perceptual changes involving senses of sight, hearing, touch, body images and time.)

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10th Grade
Driver Education

FUNDAMENTAL LEARNINGS

III. There is little scientific evidence as to the extent to which drugs and medicine (with the exception of alcohol) contribute to the prevention or cause of highway accidents, but simple analysis tells us that uncontrolled use can be harmful to the health of the user and make it unsafe for him to operate a motor vehicle

A. Under medical supervision, drugs are useful in treating certain illnesses, but about one-half of the millions of capsules and tablets manufactured annually are sold illegally

B. The effect of drugs does not in itself cause automobile accidents, but they may cause a change in the physiological state of an individual that would impair him in his ability to safely operate a motor vehicle

C. Some people use drugs for their "side effects" or for reasons other than their intended purposes. (Drivers use them to keep awake.)

D. The effect of drugs and alcohol in combination equals more than "one-plus-one" and this is true also of other combinations of drugs (one drug intensifies the effects of the other in a synergetic effect.)

E. Drugs, like alcohol, first affect the higher brain and nerve centers which control reason, judgement, self-control, and normal inhibitions, and as a result, render the person incapable of evaluating his fitness for driving

F. What one does about drug abuse and driving is an individual matter, but responsible persons consider the consequences of misuse and avoid any combination of drugs and driving that cause a foolish risk to himself and others

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SUGGESTED ACTIVITIES, QUESTIONS AND REFERENCES

III. 1. Suggest that students formulate a set of personal guidelines for avoiding highway consequences from drug use/abuse. Compile a list and post it in the classroom.
2. Solicit police opinions and records for statistics on the cause of accidents in the local area.
3. If someone is taking a drug prescribed by a physician and told not to drive while taking this drug, what is his moral obligation to himself and to society?
4. If one does not receive warnings about driving while taking a certain drug, what is the role of common sense regarding side effects?
5. Should a known user of harmful drugs be denied the privilege of a driver's license in our free society?

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pages 101-105.
Sportsmanlike Driving, p. 65-75

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Drugs and the Driver, National
Safety Council
Drug Abuse, A Manual for Law
Enforcement Officers, p. 17.

GUIDELINES TO GRADES 11-12

Drug education can be integrated into the school curriculum through
See "Implementation & Basic Guidelines," p.iii for program suggestions, inc
invitational and/or elective courses, student assemblies, and guest speake

Listed below are suggestions on how drug education may be incorporat
and Home Economics classes.

ENGLISH

The following units are extracted from the eleventh and twelfth grad
typical activities that could be included in each unit.

1. Adjustment: The Handmaid of Maturity
   Research the psychological reasons for the use of drugs in relationshi
   documented paper which proves that misuse of drugs indicates immaturit

2. Destiny and Decisions
   Man is faced with decisions daily. Using the current social issue of
   influences which man faces in making his own decision.

3. Illusion vs. Reality
   Using the Reader's Guide, search for material which refers to the indi
   reality through the use of drugs. Be prepared to support your points

4. "To Thine Own Self Be True"
   Taking a current problem--drugs, adult ethics, morality vs. law--disc
   ramifications of these problems. Write letters to editors of magazin

SOCIAL STUDIES

The concepts listed below provide the structure and purpose of disc
provided only as guides to achieve the objective of arriving at an underst
relation to drug abuse.

The questions are oriented toward open-ended discussion, although w
to stimulate classroom inquiry either in large or, preferably, in small gr
students to become sufficiently informed on drugs, their varieties, physic
promote intelligent discussion.

GUIDELINES TO GRADES 11-12

rated into the school curriculum through various programs and disciplines.
ines," p.iii for program suggestions, including the establishing of
es, student assemblies, and guest speakers.

s on how drug education may be incorporated into English, Social Studies,

ENGLISH

racted from the eleventh and twelfth grade English guide with examples of
ncluded in each unit.

Maturity
asons for the use of drugs in relationship to adjustment. Prepare a brief
that misuse of drugs indicates immaturity.

ily. Using the current social issue of drugs, discuss the various
making his own decision.

rch for material which refers to the individual's attempt to escape from
ugs. Be prepared to support your points of view on this issue in debate.

ugs, adult ethics, morality vs. law--discuss in groups and then as a class the
ems. Write letters to editors of magazines or newspapers to present your ideas.

SOCIAL STUDIES

provide the structure and purpose of discussion. The questions are
e the objective of arriving at an understanding of the concepts in their

toward open-ended discussion, although written responses may first be used
ther in large or, preferably, in small groups. Teachers should encourage
nformed on drugs, their varieties, physical and psychological effects to

The conceptual approach is interdisciplinary. It is adaptable for use i
psychology, and contemporary history programs or in any thematic combination o
schools.

1. Social Control -- This concept refers to the mechanisms by which society ex
component individuals and enforces conformity to its norms.

   a. Compare the legitimacy of government controls in the following areas: s
   air pollution, sale of drugs, control of price fixing.
   b. What factors (i.e., scientific data, opinions of constituents, his own
   lator take into account when he votes on laws such as drug control law
   c. What are the present drug laws in the State of Virginia and the United
      (1) To what extent are these laws justifiable?
      (2) To what extent are they unjustifiable?

2. Morality and Choice -- The moral situation includes three elements: the ind
ment; and standards of value. The moral act is to be viewed as a product o
elements.

   a. In what ways do personal choice and the rights of the social group conf
   b. Why do some people choose to use drugs illegally?
   c. What are the moral implications for the individual in the illegal use o
   d. What are the implications for society?
   e. It has been said that the less strongly a person is already committed t
   goals, the more likely he is to accept as valid those he finds via the
   discussion on the above statement may be followed by position papers on

3. Conflict -- Rather than minimizing conflict, students should be helped to d
conflict as an aspect of reality with which they must learn to cope. For a
are culturally approved and disapproved means of resolving them.

   a. Are drugs used as a means to resolve personal conflicts with reality?
   b. Why is drug abuse considered a socially unacceptable means of resolving
   c. What are some socially acceptable means of resolving such individual co

HOME ECONOMICS

Child Growth and Development

Research the desirable and detrimental effects of certain foods, beverag
a pregnant woman on her unborn child. The process of child rearing involves ca
offsprings to maturity. What underlying factors during childhood may result in

interdisciplinary. It is adaptable for use in political science, sociology,
ory programs or in any thematic combination of these now in use in secondary

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orces conformity to its norms.

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HOME ECONOMICS

d detrimental effects of certain foods, beverages, medicines, and drugs taken by
hild. The process of child rearing involves caring for, supporting, and guiding
derlying factors during childhood may result in a youth's involvement with drugs?

Marriage and the Family

Relate how drugs can destroy or have detrimental effects on a marria

Consumer Education

Show how one's understanding of and feelings about change may influe life, such as detergents, drugs, food mixes, interior design, music, etc.

Distinguish between valuable and unrelated facts in advertising. St medicines and drugs that either may be ineffective or harmful due to lack o y or have detrimental effects on a marriage.

ng of and feelings about change may influence one's reaction to many aspects of food mixes, interior design, music, etc.

le and unrelated facts in advertising. Student becomes aware of over-the-counter ay be ineffective or harmful due to lack of proper information about medication.

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for Safety and Mobility

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APPENDIX A

I. Current Laws Relating to Control of Drugs.

- A. International (United Nations)
  - 1. The Permanent Central Opium Board
  - 2. Drug Supervisory Body
    - a. Studies legitimate narcotic needs throughout the world.
    - b. Encourages production and distribution quotes limited to those needs.
  - 3. Commission on Narcotic Drugs - Gives technical assistance to countries requesting it.
  - 4. World Health Organization (WHO) - Disseminates information and internationally agreed upon medical and health standards.
  - 5. Interpol (International Criminal Police)
    - a. Acts as a clearing house for information about crimes and criminals
    - b. Does not have any powers to enforce laws against drug traffic.
- B. Federal
  - 1. Harrison Act (1914) and amendments (amended seven times). A stamp tax act brings it under the Treasury Department
    Provisions:
    - a. Registration of individuals and firms which manufacture, buy or sell narcotics.
    - b. The impost of special taxes on narcotic buyers and sellers.
    - c. Requirements for special record keeping by those dealing with narcotics.
    - d. Provision for severe penalties for illicit sale or possession of narcotic drugs.
  - 2. Amendments to the Harrison Act.
    - a. Narcotic Drugs Import and Export Act. (1922)
      Legislation intended to eliminate the use of narcotics in this country except for legitimate use.
    - b. Marijuana Tax Act (1937)
      Provides controls over marijuana similar to the controls the Harrison Act has over narcotics.
    - c. Opium Poppy Control Act (1942)
      Prohibits the growing of opium poppies in the United States except under license.
    - d. Boggs Act (1951)
      Establishes mandatory, severe penalties for conviction on narcotics charges.
    - e. Boggs - Daniel Amendment (1956)
      Legislation intends to impose very severe penalties for those convicted on narcotics or marijuana charges.
    - f. Drug Abuse Control Amendments (1965)
      - 1) Specific penalties for violation of the Drug Abuse Control Amendments.
        - a) First offender - $1,000 fine or up to a year in jail, or both.

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      b) Subsequent offenses - $10,000 - up to 3 years, or both.
      c) Sellers to those under 21 - $5,000, or 2 years or both for first offender.
      d) Subsequent offenders - $15,000 or 6 years or both

  3. Penalties
    a. Illegal Sale
      1) $20,000 fine and a 5 to 20 year term (first offense)
      2) Subsequent offenses - same fine and a 10-40 year term.
      3) Sale to persons under 18 (parole and probation denied) - life term or even death.
    b. Illegal Possession
      1) Fine of 2-10 years (first offense)
      2) 5-20 years (second offense)
      3) 10-20 years for subsequent offenses
      4) Parole and probation denied after first offense

C. Virginia Laws
  1. There are 3 schedules of drugs
    a. Schedule I - All drugs which show a high potential for misuse and have no accepted medical use in the United States shall be included in this schedule.
      Common drugs involved:
      Heroin
      Diethyltyptamine DET
      Dimethyltryptamine
      4 - methyl - 2, 5 - dimethoxyamphetamine STP
      Hysergic acid diethylamide LSD
      Marijuana
      Mescadine
      Peyote
      Psilocybin
      Tetrahydrocannabinal THC
    b. Schedule II - All drugs which show a high potential for abuse, and currently accepted for medical use in the United States under severe restrictions shall be included in this schedule.
      Common drugs involved:
      Cocaine
      Opium
      Coca leaves
      Codeine
      Methodone
      Pethedine
      Morphine
    c. Schedule III - All drugs which have a potential for abuse (other than those listed in

schedule I & II) approved for medical use in the United States but may lead to moderate or low physical dependence or high psychological dependence shall be included in this schedule.
Common drugs involved:
Amphetamines
Barbiturates
Methamphetamine (Speed)

2. Penalties for misuse depend on schedule drug is in, mere possession or intent to sell, number of offenses, and to whom the drug is sold (selling to juveniles).
   a. Possession
      1) First offense
         a) Drugs in schedule I & II excluding marijuana upon conviction shall be deemed a felony with imprisonment in the penitentiary for not less than one year, or more than ten or, in the discretion of the jury or the court trying the case without a jury, may be confined in jail not exceeding twelve months and fined not more than $5,000.
         b) Drugs in schedule III or marijuana upon conviction shall be deemed a misdemeanor and shall be fined not more than $1,000 or shall be confined in jail not exceeding twelve months, or both.
      2) Second or subsequent offenses
         Upon conviction shall be imprisoned in the penitentiary for not less than 2 years nore more than 20 years or in the discretion of the jury or court trying the case without a jury by confinement in jail not exceeding twelve months and fined not more than $10,000.
   b. Manufacture, illegal sale or intent to sell
      1) First offense
         Based on quantity, drugs in schedule I, II, & III upon conviction shall be deemed a felony with imprisonment not less than one year nor more than forty or fined not more than $25,000 or both.
      2) Second or subsequent offenses
         Upon conviction shall be imprisoned for life or not less than ten years or fined not more than $50,000, or both.
   c. Penalty for selling drugs to juveniles
      It shall be unlawful for any person who is at least eighteen years of age to knowingly or intentionally distribute any drug classified in schedule I, II, or III to any person under eighteen years of age. Any person violating this provision shall upon conviction be imprisoned in the penitentiary for a period not less than five nor more than forty years, or fined not more than $50,000, or both.

APPENDIX B

GLOSSARY OF DRUG ABUSE T

Although it is not recommended that the teacher give suppo
the slang of the abuser, there should be sufficient familiarit
communication gap does not develop. Some of the "in" terms an
this purpose.

The language or terminology of those involved with the dru
geographical location to another or can even vary from one sub-
same geographical area and may change frequently. A few commo

I. Expressions Associated with Dangerous Drugs

A. Formal Usage
1. Amphetamines

a. Methamphetamine
b. Benzedrine
c. Dexedrine
2. Barbiturates
a. Nembutal (pentobarbital)
b. Seconal

c. Sodium amytal

d. Tuinal (amobarbital and secobarbital)

3. Barbiturates mixed with amphetamines and the like
4. Dangerous drug user
5. Under the influence of barbiturates
6. Intoxication after using benzedrine
7. Subcutaneous use
8. Oral use
9. Methadone (dolophine)
10. Combination of dextroamphetamine and amphetamine
11. Phenobarbital

APPENDIX B

GLOSSARY OF DRUG ABUSE TERMS

mended that the teacher give support to the drug sub-culture by adopting e should be sufficient familiarity with the more common terms so that a velop. Some of the "in" terms and their definitions are provided for

ogy of those involved with the drug scene can vary greatly from one her or can even vary from one sub-culture group to another within the y change frequently. A few commonly used terms follow.

th Dangerous Drugs

ne

tobarbital)

rbital and secobarbital)

d with amphetamines and

er
ce of barbiturates
r using benzedrine

ine)
xtroamphetamine and

B. Jargon
1. Magic vitamin, ups, cartwheels, pep pills, wakers, crystals (powder form)
    a. Speed, methedrine
    b. Bennies
    c. Dexies
2. Barbs, downs, sleepers
    a. Yellow jackets, yellow
    b. Reds, red devils, redbirds, secies
    c. Blue Heaven, blue velvet, blue angels
    d. Rainbow, tooies, Christmas trees
3. Goofballs
4. Pill freak, pill head, pilly
5. Goofed up
6. Benny jag, high
7. Joy pop
8. Drop
9. Dolly
10. Footballs
11. Purple hearts

II. Expressions Associated with Volatile Chemicals

A. Formal Usage	B. Jargon
1. Glue sniffer	1. Gluey
2. Sniffing gasoline fumes	2. Gassi
3. Cloth material or hankerchief saturated with the chemical	3. Glad

III. Expressions Associated with Marijuana

A. Formal Usage	B. Jargon
1. Marijuana	1. Charg muggl
2. Marijuana cigarette	2. Jive Mary twist
3. Marijuana butt	3. Roach
4. A quantity of marijuana cigarettes	4. Stack
5. Marijuana container	5. Can,
6. Light a marijuana cigarette	6. Take
7. Smoke a marijuana cigarette	7. Blast stick blow high
8. Young person starting to use marijuana	8. Young
9. Marijuana smoker or user	9. Grass
10. Marijuana smoking party	10. Blast
11. Under the influence of marijuana	11. Flyin out c
12. Male marijuana with heavy resin, hashish	12. Hash
13. 1 lb. marijuana	13. A bal
14. Kilo, 2.2 lbs.	14. (key)

IV. Expressions Used with LSD

A. Formal Usage	B. Jargon
1. LSD	1. Acid,
2. One who takes LSD	2. Acid

with Volatile Chemicals

ine fumes
or hankerchief saturated
cal

B. Jargon
  1. Gluey
  2. Gassing
  3. Glad rag, wad

with Marijuana

rette

marijuana cigarettes
ainer
ana cigarette
ana cigarette

tarting to use marijuana
er or user
ing party
uence of marijuana

with heavy resin, hashish
a

B. Jargon
  1. Charge, grass, hay give, muggles, pot, tea, T
  2. Jive stick, joint, Mary, Mary Jane, pot, reefer, stick, twist, weed
  3. Roach
  4. Stack
  5. Can, match box
  6. Take up, torch up, turn on
  7. Blast, blast a joint, blow a stick, blow hay, blow jive, blow tea, blow pot, do up, get high
  8. Youngblood
  9. Grasshopper, hay head, head
  10. Blasting party, tea party
  11. Flying high, high, on the beam, out of this world, wayout
  12. Hash
  13. A bale
  14. (key). (kee)

LSD

LSD

B. Jargon
  1. Acid, 25
  2. Acid head

3.	Under the influence of LSD	3.	Bent
4.	An unpleasant experience with LSD	4.	Bumme bad
5.	Emerging from an LSD experience or "trip"	5.	Comin
6.	Vicarious experience that occurs by being with someone who is on a "trip"	6.	Conta
7.	Sugar cube or wafer impregnated with LSD	7.	Cube
8.	A deprecative term applied by LSD users to social conformity and to the normal activities, occupations, and responsibilities of the majority of people	8.	Ego
9.	An LSD "trip"	9.	Exper
10.	A pseudo experience obtained through the use of lights and sounds; to have the same type of experience that one has with a drug	10.	Happe
11.	Parties or sessions where LSD is used	11.	Kick
12.	The feeling a person experiences while he is under the influence of LSD	12.	Out mysel
13.	An experienced LSD user who helps or guides a new user	13.	Sitte guru
14.	The experience one has when under the influence of LSD	14.	Trip
15.	The act of taking LSD; initiating an LSD "trip"	15.	Turni
16.	Feeling the effects of LSD	16.	Tunin

V. Expressions Associated with Narcotics

	A. Formal Usage		B. Jargon
1.	Morphine	1.	Dope,
2.	Heroin	2.	Dope, smack
3.	Morphine or heroin mixed with cocaine	3.	Speed
4.	Cocaine	4.	Big
5.	Dose of a narcotic	5.	Fix,
6.	Various amounts of a marcotic	6.	Bag, amoun a lar taste

SD
with LSD

erience or "trip"
t occurs by being
"trip"
egnated with LSD
ed by LSD users
to the normal
and responsi-
of people

ined through the
; to have the
that one has

e LSD is used
eriences while
e of LSD
who helps or

hen under the

nitiating an

SD

cotics

i with cocaine

rcotic

3. Bent out of shape, on a "trip"
4. Bummer (bum trip, bad trip), bad scene, freak out
5. Coming down
6. Contact high

7. Cube or wafer
8. Ego games

9. Experience
10. Happening

11. Kick parties
12. Out of the body, outside of myself
13. Sitter, tour guide, travel agent, guru
14. Trip or voyage

15. Turning on

16. Tuning in

B. Jargon
   1. Dope, junk, M, stuff, white stuff
   2. Dopé, H, hard stuff, horse, junk, smack, sugar, white stuff
   3. Speedball
   4. Big C, gin, candy, Charlie
   5. Fix, jolt, shot
   6. Bag, bird's eye (extremely small amount), cap, paper piece (1 oz., a large amount, usually heroin), taste, things

7. Small packet of narcotics 7.

8. To adulterate narcotics 8.
9. Low grade narcotics 9.
10. Paraphernalia for injecting narcotic 10.

11. Any main vein used for injecting narcotics 11.
12. One who injects narcotics into vein 12.
13. An injection of narcotics 13.
14. To sniff powdered narcotics into nostrils 14.
15. In possession of narcotics 15.
16. Occasional user of narcotics 16.
17. Regular user or addict 17.
18. Under influence of narcotics 18.
19. Narcotic 19.
20. Attempt to break the habit 20.
21. Method of curing the addiction without tapering off 21.
22. Desire for narcotics 22.
23. Nervous, or jittery because of need or desire for narcotics injection 23.
24. To counteract a "high" by application of a mood changing substance 24.
25. Strip of paper wrapped around a dropper to make a tight fit with a needle 25.
26. Cotton--to remove minerals from boiler before injection 26.
27. To heat drugs, dilute with water in spoon or bottle cap 27.
28. Needle marks on skin 28.
29. Needle 29.
30. To allow blood to come back into springe during intraveneous injections 30.

VI. Various Expressions

A. Formal Usage B. Jar
1. Dealer in drugs 1.

rcotics

otics
s
injecting narcotic

for injecting narcotics
rcotics into vein
rcotics
arcotics into nostrils
arcotics
narcotics
dict
narcotics

he habit
he addiction without

cs
y because of need or
cs injection
igh" by application
substance
pped around a dropper
t with a needle
minerals from boiler

ute with water in
p
in

come back into springe
s injections

7. Bag, balloon, bindle, deck, foil, paper
8. To cut, to sugar down
9. Blank
10. Biz, business, dripper, dropper, factory, fit, gun, joint, kit, layout, machinery, outfit, point, spike, works, artillery
11. Mainline
12. Hype, junkie, mainliner
13. Bang, fix, hit, jolt, pop, shot
14. Horn, smack, sniff, snort
15. Dirty, holding
16. Chippy, joy, popper, skin popper
17. Hooked, on the stuff
18. Goofed up, high
19. Habit
20. Kick, kick the habit, sneeze it out
21. Cold, cold turkey
22. Yen
23. Frantic, sick, panic
24. Bring down
25. Collar
26. Strainer, wad
27. Cook, cooker
28. Tracks
29. Spike
30. Back up, backward

B. Jargon
1. Connection, peddler, pusher, the man

2.	To have drugs	2.	To di
3.	To try to get drugs	3.	To bu
4.	To buy drugs	4.	To co score
5.	Money	5.	Bread
6.	To have money	6.	To be
7.	To understand	7.	To be
8.	Police Officer (the law)	8.	Fuzz,
9.	Uniformed officers	9.	Harne
10.	Juvenile officers	10.	Juvie
11.	Marked patrol cars	11.	Black
12.	Arrested	12.	Been
13.	Effect of drug	13.	Bang,
14.	Party	14.	Ball,
15.	Non-user	15.	Cube,
16.	User without any "junk" on person or premises	16.	Clean
17.	Ending of a drug experience	17.	Landi
18.	To be in tune with the modern scene; to handle life's situations in a satisfactory manner	18.	Cool
19.	Withdraw	19.	Cop ou
20.	Doctor	20.	Croake
21.	Prescription	21.	Script
22.	$5 worth of heroin	22.	Nickel
23.	$10 worth of heroin	23.	Dime b
24.	Overdose of drugs	24.	Hot sh
25.	To run	25.	Split
26.	To hide drugs	26.	Stash
27.	Loss of interest	27.	Turned
28.	To break with personal reality	28.	Blow o
29.	Amphetamine injection	29.	Bombit
30.	Shoplift	30.	Boost
31.	Scarcity of drugs	31.	Hung u

VII. Other Terms

A. Abuse is the persistent and usually excessive self-administration of
in psychological or physical dependence or which deviates from approv
culture.

aw)

k" on person or

rience
e modern scene;
ations in a satis-

l reality
n

2. To dirty, to be holding
3. To buzz, to hit on, to make it
4. To connect, to make a meet, to score
5. Bread (from dough), long green
6. To be flush, heeled
7. To be hep, hip, savvy, dig
8. Fuzz, heat, the man, narco
9. Harness bulls
10. Juvies
11. Blacks and whites
12. Been had, busted
13. Bang, boot, buzz, coasting
14. Ball, blast
15. Cube, square, straight
16. Clean

17. Landing, come down
18. Cool

19. Cop out
20. Croaker
21. Script
22. Nickel bag
23. Dime bag
24. Hot shot, O.D.
25. Split
26. Stash
27. Turned off
28. Blow one's mind
29. Bombita, bombito
30. Boost
31. Hung up, panic

and usually excessive self-administration of any drug which has resulted
ical dependence or which deviates from approved social patterns of the

B. Addiction (drug) is a state caused by periodic or chronic into
consumption of a natural or synthetic drug. Its characteristi
   1. Overpowering desire or need (compulsion) to continue takin
      any means
   2. A tendency to increase the dose (tolerance)
   3. A psychic and generally a physical dependence
   4. Detrimental effects on the individual or on society

C. Abstinence Syndrome may appear if an animal or person is toler
discontinued. Presumably, the body cells not only have accept
their metabolism that they now require its presence. Example
begin 8-12 hours after abstaining from long term alcohol or ba
tremors, and delirium are some of the serious withdrawal effec

D. Cross-tolerance is the phenomenon whereby one drug is taken an
developed. (Heroin produces cross-tolerance to morphine, and
accomplished with mescaline.)

E. Delusions are erroneous beliefs which are not amenable to reas

F. Habituation is a condition resulting from the repeated consump
include:
   1. A desire but not a compulsion to continue taking the drug
      being which it engenders
   2. Some degree of psychic dependence on the effect of the dru
      dependence (and hence of an abstinence syndrome)
   3. Detrimental effects, if any, primarily on the individual.

G. Hallucinations are projections onto the environment for which
hearing voices or seeing objects which others are unable to se

H. Illusions are misinterpretations of a sensation; e.g., a stain

I. Indian hemp--Cannabis sativa. A tall, weedy herb. Male plants
flower and yield bhang, marijuana, ganja, and charas.

J. Mania--includes flight of ideas, overactivity and distractibili

K. Paranoia would be a fixed ideational system preoccupied with e

L. Paranoid--refers to incorrect persecutory or grandiose ideas.

M. Tolerance is the ability of the organism to become used to inc
Therefore, to achieve an equivalent psychic effect, larger and
Eventually, a quantity which would be lethal in a nontolerant
danger.

N. Pharmacological classes of drugs
   1. Antihistamines--Used to combat nasal congestion and allergi
      barbiturates or hallucinogens.
   2. Anesthetics--(ether, alcohol, and laughing gas) produces re
      disinhibiting effect), and finally coma.
   3. Narcotics--pain assuaging (such as opium and its derivative
      and heroin). Related synthetics--demerol, methadone, and

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state caused by periodic or chronic intoxication produced by the repeated
ral or synthetic drug. Its characteristics include:
re or need (compulsion) to continue taking the drug and to obtain it by

rease the dose (tolerance)
erally a physical dependence
ts on the individual or on society
ay appear if an animal or person is tolerant to a drug and it is suddenly
ably, the body cells not only have accepted the drug but have so altered
they now require its presence. Example is the delirium tremens which
r abstaining from long term alcohol or barbiturate usage; convulsions,
are some of the serious withdrawal effects.
e phenomenon whereby one drug is taken and tolerance to another is
roduces cross-tolerance to morphine, and cross-tolerance to LSD can be
caline.)
us beliefs which are not amenable to reason.
ition resulting from the repeated consumption of a drug. Its charactistics

a compulsion to continue taking the drug for the sense of improved well-
genders
ychic dependence on the effect of the drug, but absence of physical
ence of an abstinence syndrome)
ts, if any, primarily on the individual.
ojections onto the environment for which no sensory cue exists; e.g.,
ing objects which others are unable to sense.
rpretations of a sensation; e.g., a stain on the wall is seen as a face.
sativa. A tall, weedy herb. Male plants yield hemp; female plants
g, marijuana, ganja, and charas.
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ity of the organism to become used to increasing amounts of an agent.
an equivalent psychic effect, larger and larger doses are needed.
y which would be lethal in a nontolerant individual can be taken without

es of drugs
sed to combat nasal congestion and allergies. May produce symptoms of
allucinogens.
er, alcohol, and laughing gas) produces relaxation, excitation (as a
ect), and finally coma.
ssuaging (such as opium and its derivatives, morphine, codeine, Dilaudid,
ated synthetics--demerol, methadone, and Percodan--are also pain relievers,

euphoriants, and in large amounts, producers of hallucinations or unconsciousness.

4. Sedatives--(barbiturates) quiet, relax, and eventually induce sleep. Tranquilizers, ex. Miltown, are sedatives which calm without inducing excessive drowsiness.
5. Stimulants--(amphetamines) elevate one's spirits, alert, and in large doses, excite.
6. Hallucinogens or psychedelics--(LSD) are capable of producing perceptual alterations up to hallucinations, intense emotional changes of wide variations, a nonrational, reverie type of thinking, and ego distortion such as loss of self and feelings of complete strangeness.
7. Deliriants--induce more mental confusion than the hallucinogens but are just as capable of providing hallucinations, delusions, and changes of emotionality and of the self. (Belladonna or Jimson weed)

N. All can intoxicate, that is, produce delirium.

	1 Official name of drug or chemical	2 Slang name(s)	3 Usual single adult dose	4 Duration of action (hours)	5 Method of taking	6 Legitimate medical uses (present and projected)	7 Potential for psychological dependence[1]	8 Potential for tolerance (leading to increased dosage)	9 Potential for physical dependence	10 Overall potential for abuse[2]	Rea (d
A	Alcohol Whisky, gin, beer, wine	Booze Hooch	1½ oz. gin or whisky, 12 oz. beer	2–4	Swallowing liquid	Rare. Sometimes used as a sedative (for tension).	High	Yes	Yes	High	To s ti ri re u c in a
B	Caffeine Coffee, tea, Coca-Cola No-Doz, APC	Java	1–2 cups 1 bottle 5 mg.	2–4	Swallowing liquid	Mild stimulant. Treatment of some forms of coma.	Moderate	Yes	No	None	For '' c ti
C	Nicotine (and coal tar) Cigarettes, cigars	Fag	1–2 cigarettes	1–2	Smoking (inhalation)	None (used as an insecticide).	High	Yes	No	Moderate	For '' cu a
D	Sedatives Alcohol—see above Barbiturates Nembutal Seconal Phenobarbital Doriden (Glutethimide) Chloral hydrate Miltown, Equanil (Meprobamate)	Yellow jackets Red devils Phennies Goofers	50–100 mg. 500 mg. 500 mg. 400 mg.	4	Swallowing pills or capsules	Treatment of insomnia and tension. Induction of anesthesia.	High	Yes	Yes	High	To (c b lo G ta
E	Stimulants Caffeine—see above Nicotine—see above Amphetamines Benzedrine Methedrine Dexedrine Cocaine	Bennies Crystal Dexies or Xmas trees (spansules) Coke, snow	2.5–5.0 mg. Variable	4	Swallowing pills, capsules or injecting in vein. Sniffing or injecting.	Treatment of obesity, narcolepsy, fatigue, depression. Anesthesia of the eye and throat.	High	Yes	No	High	For fa pl er ev
F	Tranquilizers Librium (Chlordiazepoxide) Phenothiazines Thorazine Compazine Stelazine Reserpine (Rauwolfia)		5–10 mg. 10–25 mg. 10 mg. 2 mg. 1 mg.	4–6	Swallowing pills or capsules	Treatment of anxiety, tension, alcoholism, neurosis, psychosis, psychosomatic disorders and vomiting.	Minimal	No	No	Minimal	Med tr st ar
G	Cannabis (marihuana)	Pot, grass, tea, weed, stuff	Variable—1 cigarette or 1 drink or cake (India)	4	Smoking (inhalation) Swallowing	Treatment of depression, tension, loss of appetite, sexual maladjustment, and narcotic addiction	Moderate	No	No	Moderate	To g es To cu us of Av
H	Narcotics (opiates, analgesics) Opium Heroin Morphine Codeine Percodan Demerol Cough syrups (Cheracol, Hycodan, etc.)	Op Horse, H	10–12 "pipes" (Asia) Variable—bag or paper w. 5–10 percent heroin 15 mg. 30 mg. 1 tablet 50–100 mg. 2–4 oz. (for euphoria)	4	Smoking (inhalation) Injecting in muscle or vein. Swallowing	Treatment of severe pain, diarrhea, and cough.	High	Yes	Yes	High	To g ex sy ag wi fo wi re
I	LSD Psilocybin Mescaline (Peyote)	Acid, sugar Cactus	150 micrograms 25 mg. 350 mg.	12 6 12	Swallowing liquid, capsule, pill (or sugar cube) Chewing plant	Experimental study of mind and brain function. Enhancement of creativity and problem solving. Treatment of alcoholism, mental illness, and the dying person. (Chemical warfare)	Minimal	Yes (rare)	No	Moderate	Curi sp m ex tic la bi
J	Antidepressants Ritalin Dibenzapines (Tofranil, Elavil) MAO inhibitors (Nardil, Parnate)		10 mg. 25 mg., 10 mg. 15 mg., 10 mg.	4–6	Swallowing pills or capsules	Treatment of moderate to severe depression.	Minimal	No	No	Minimal	Med tr
K	Miscellaneous Glue Gasoline Amyl nitrite Antihistaminics Nutmeg Nonprescription "sedatives"		Variable 1–2 ampules 25–50 mg. Variable	2	Inhalation Swallowing	None except for antihistamines used for allergy and amyl nitrite for some episodes of fainting.	Minimal to Moderate	Not known	No	Moderate	Curi (e Re

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[1] The term "habituation" has sometimes been used to refer to psychological dependence; and the term "addiction" to refer to the combination of tolerance and an abstinence (withdrawal) syndrome.

[2] Drug Abuse (Dependency) properly means: (excessive, often compulsive) use of a drug to an extent that it damages an individual's health or social or vocational adjustment; or is otherwise specifically harmful to society.

[3] Always to be considered in
consumed, purity, frequency,
combinations with other drugs,
of the individual taking it and
terminations made in this cha

	7	8	9	10	11	12	13	14
ical nd	Potential for psychological dependence [1]	Potential for tolerance (leading to increased dosage)	Potential for physical dependence	Overall potential for abuse [2]	Reasons drug is sought by users (drug effects and social factors)	Usual short-term effects [3] (psychological, pharmacological, social)	Usual long-term effects (psychological, pharmacological, social)	Form of legal regulation [4] and control
used or	High	Yes	Yes	High	To relax. To escape from tensions, problems and inhibitions. To get ''high'' (euphoria). seeking manhood or rebelling (particularly those under 21). Social custom and conformity. Massive advertising and promotion. Ready availability.	CNS depressant. Relaxation (sedation). Sometimes euphoria. Drowsiness. Impaired judgment, reaction time, coordination and emotional control. Frequent aggressive behavior and driving accidents.	Diversion of energy and money from more creative and productive pursuits. Habituation, Possible obesity with chronic excessive use. Irreversible damage to brain and liver, addiction with severe withdrawal illness (D.T.s).	Available and advertised without limitation in many forms with only minimal regulation by age (21, or 18), hours of sale, location, taxation, ban on bootlegging and driving laws. Some ''black market'' for those under age and those evading taxes. Minimal penalties.
reat- orms	Moderate	Yes	No	None	For a ''pick-up'' or stimulation. ''Taking a Break''. Social custom and low cost. Advertising. Ready availability.	CNS stimulant. Increased alertness. Reduction of fatigue.	Sometimes insomia or restlessness. Habituation.	Available and advertised without limit with no regulation for children or adults.
in-	High	Yes	No	Moderate	For a ''pick-up'' or stimulation. ''Taking a Break''. Social custom. Advertising. Ready availability.	CNS stimulant. Relaxation (or distraction) from the process of smoking.	Lung (and other) cancer, heart and blood vessel disease, cough, etc. Habituation. Diversion of energy and money. Air pollution. Fire.	Available and advertised without limit with only minimal regulation by age, taxation, and labeling of packages.
mnia thesia.	High	Yes	Yes	High	To relax or sleep. To get ''high'' (euphoria). Widely prescribed by physicians, both for specific and nonspecific complaints. General climate encouraging taking pills for everything.	CNS depressants. Sleep induction. Relaxation (sedation). Sometimes euphoria. Drowsiness. Impaired judgment, reaction time, coordination and emotional control. Relief of anxiety-tension. Muscle relaxation.	Irritability, weight loss, addiction with severe withdrawal illness (like D.T.s). Diversion of energy and money. Habituation, addiction.	Available in large amounts by ordinary medical prescription which can be repeatedly refilled or can be obtained from more than one physician. Widely advertised and ''detailed'' to M.D.s and pharmacists. Other manufacture, sale or possession prohibited under federal drug abuse and similar state (dangerous) drug laws. Moderate penalties. Widespread illicit traffic.
sity, gue, eye	High	Yes	No	High	For stimulation and relief of fatigue. To get ''high'' (euphoria). General climate encouraging taking pills for everything.	CNS stimulants. Increased alertness, reduction of fatigue, loss of appetite, insomnia, often euphoria.	Restlessness, irritability, weight loss, toxic psychosis (mainly paranoid). Diversion of energy and money. Habituation. Extreme irritability, toxic psychosis.	Amphetamines, same as Sedatives above. Cocaine, same as Narcotics below.
ety, ism, osis, dis- iting.	Minimal	No	No	Minimal	Medical (including psychiatric) treatment of anxiety or tension states, alcoholism, psychoses, and other disorders.	Selective CNS depressants. Relaxation, relief of anxiety-tension. Suppression of hallucinations or delusions, improved functioning.	Sometimes drowsiness, dryness of mouth, blurring of vision, skin rash, tremor. Occasionally jaundice, agranulocytosis.	Same as Sedatives above, except not usually included under the special federal or state drug laws. Negligible illicit traffic.
res- oss ual , and on	Moderate	No	No	Moderate	To get ''high'' (euphoria). As an escape. To relax. To socialize. To conform to various sub-cultures which sanction its use. For rebellion. Attraction of behavior labeled as deviant. Availability.	Relaxation, euphoria, increased appetite, some alteration of time perception, possible impairment of judgment and coordination. (Probable CNS depressant.)	Usually none. Possible diversion of energy and money.	Unavailable (although permissible) for ordinary medical prescription. Possession, sale, and cultivation prohibited by state and federal narcotic or marihuana laws. Severe penalties. Widespread illicit traffic.
ere and	High	Yes	Yes	High	To get ''high'' (euphoria). As an escape. To avoid withdrawal symptoms. As a substitute for aggressive and sexual drives which cause anxiety. To conform to various sub-cultures which sanction use. For rebellion.	CNS depressants. Sedation, euphoria, relief of pain, impaired intellectual functioning and coordination.	Constipation, loss of appetite and weight, temporary impotency or sterility. Habituation, addiction with unpleasant and painful withdrawal illness.	Available (except heroin) by special (narcotics) medical prescriptions. Some available by ordinary prescription or over-the-counter. Other manufacture, sale, or possession prohibited under state and federal narcotics laws. Severe penalties. Extensive illicit traffic.
dy of func- nent of rob- eat- ism, and n. are)	Minimal	Yes (rare)	No	Moderate	Curiosity created by recent widespread publicity. Seeking for meaning and consciousness—expansion. Rebellion. Attraction of behavior recently labeled as deviant. Availbility.	Production of visual imagery, increased sensory awareness, anxiety, nausea, impaired coordination; sometimes consciousness-expansion.	Usually none. Sometimes precipitates or intensifies an already existing psychosis; more commonly can produce a panic reaction when person is improperly prepared.	Available only to a few medical researchers (or to members of the Native American Church). Other manufacture, sale or possession prohibited by state dangerous drug or federal drug abuse laws. Moderate penalties. Extensive illicit traffic.
derate ssion.	Minimal	No	No	Minimal	Medical (including psychiatric) treatment of depression.	Relief of depression (elevation of mood), stimulation.	Basically the same as Tranquilizers above.	Same as Tranquilizers above.
nti- d for yl ni- nting.	Minimal to Moderate	Not known	No	Moderate	Curiosity. To get ''high'' (euphoria). Thrill seeking. Ready availability.	When used for mind-alteration generally produces a ''high'' (euphoria) with impaired coordination and judgment.	Variable—some of the substances can seriously damage the liver or kidney.	Generally easily available. Some require prescriptions. In several states glue banned for those under 21.

(excessive, often compulsive) use
ual's health or social or vocational
l to society.

[3] Always to be considered in evaluating the effects of these drugs is the amount consumed, purity, frequency, time interval since ingestion, food in the stomach, combinations with other drugs, and most importantly, the personality or character of the individual taking it and the setting or context in which it is taken. The determinations made in this chart are based upon the evidence with human use of these drugs rather than upon isolated artificial experimental situations or animal research.

[4] Only scattered, inadequate health, educational or rehabilitation programs (usually prison hospitals) exist for narcotic addicts and alcoholics (usually out-patient clinics) with nothing for the others except sometimes pris

APPENDIX D

I. Teacher Reference

A. Curriculum Guides

1. Fairfax County Public Schools, Drug Education Curriculum Guides, grades 4-12.

2. Virginia State Guides, Drugs and Drug Abuse, A Unit for Health and PE Teachers in the Intermediate, Jr., and Sr. High School Health and PE Service, Division of Secondary Education, State Department of Education, Richmond, Va., 23216. January 1970. Free.

B. Pamphlets - National Institute of Mental Health, U. S. Department of Health, Education and Welfare, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20015

1. "Resource Book for Drug Abuse Education" Oct. 1969. $1.25

2. "A Federal Source Book: Answers to the Most Frequently asked Questions About Drug Abuse." 25¢

3. "Recent Research on Narcotics, L.S.D., Marihuana and Other Dangerous Drugs," 1969. 20¢

4. "How to Plan a Drug Abuse Education Workshop for Teachers" November 1969. 25¢

5. "Pot Primer for Parents" Free.

C. Pamphlets - Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402.

1. "How Safe Are Our Drugs" - F.D.A. Papers, Publication #44 October 1968. 15¢

2. "Young Scientists Look at Drugs" - Publication #45. 15¢

3. "The Use and Misuse of Drugs - Publication #46. 15¢

4. "Task Force Report: Narcotics and Drug Abuse" $1.00

5. "Prevention and Control of Narcotic Addiction" - 1966. Bureau of Narcotics. 20¢

6. "Drugs of Abuse" - Reprint from F.D.A. Papers, July - August, 1967. 20¢

7. "Before Your Kid Tries Drugs" - P.H.S. Publication 1947. 25¢

8. "Fact Sheets" - Bureau of Narcotics and Dangerous Drugs - U. S. Department of Justice. 50¢

9. "Some Questions and Answers" 5¢ each a) Narcotics b) L.S.D. c) Marijuana d) The Up and Down Drugs. 20¢

10. "Don't Guess About Drugs" NIMH. 20¢

D. Pamphlets - National Coordinating Council on Drug Abuse Education and Information, P.O. Box 19400, Washington, D.C. 20036.

1. "Directory - National Coordinating Council on Drug Abuse Education and Information" $1.00

E. Books

1. Youth and the Drug Program, Henry T. Van Dyke, Ginn and Co., Boston, Mass. 02117, 1970. $1.50

2. The Drug Dilemma, Sidney Cohen, McGraw-Hill, Co., N. Y. 1969. $2.00

3. Narcotics, Nature's Dangerous Drugs, Norman Taylor, Dell Publishing Co., Inc., 750 Third Avenue, N. Y., N. Y. 10017, May 1970. 75¢

4. Drugs - Facts: Their Use and Abuse, N. W. Houser, and J. B. Richmond, Scott-Foresman and Co., Glenview, Illinois, 60025, 1969. 84¢

5. Drugs on the College Campus, Helen Nowlis, NASPA Drug Education Project, 110 Anderson Tower, University of Rochester, Rochester, N. Y. 14627. 1967. $1.00

6. What You Should Know About Drugs and Narcotics, Alton Blakeslee, Associated Press. 1969. $1.00

7. Drug Abuse Education: A Guide For the Professionals, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 22033. 1968. $1.00

8. Drug Abuse: A Source Book and Guide for Teachers, California State Department of Education, Sacramento, California 1967.

9. Medical Readings on Drug Abuse, Byrd, Oliver E., Reading, Massachusetts, Addison-Wesley Publishing Company, 1970. $7.00

F. Visual Aids

1. "Drug Identification Guide" Medical Economics Inc., 550 Kinderkamack Road, Oradell, N. J. 07649. $2.00

2. "Dial-A-Wheel," Display Model and Desk Model, The Instructor Publications, Inc., Dansville, N. Y. 14437.

3. a. "Marijuana Awareness Packet." $3.80

   b. "Narcotics and Dangerous Drugs Information and Content Flip Chart." $35.00

   c. "Dangerous Drugs Identification Kit," Winston Products for Education, P. O. Box 12219, San Diego, California 92112. $2.50

4. "Smarteens - Poster Series," Sample Set, Smart Set International, Inc., P. O. Box 3667, Torrance, California 90510. $2.00

5. "The Choice is Yours" - Tape Reels, Educational Progress Corporation, 8538 E. 41st Street, Tulsa, Oklahoma. (H.S. use) $69.50

Student Reference Materials

A. High School

1. Printed Materials

   a. "Narcotics - Some Questions and Answers," Public Health Service Publication #1827.

   b. "L.S.D. - Some Questions and Answers," P.H.S. Publication #1828.

   c. "Marihuana - Some Questions and Answers," P.H.S. Publication #1829.

   d. "The Up and Down Drugs" - P.H.S. Publication #1830, U. S. Government Printing Office, Washington, D.C. 20402

e. "Deciding About Drugs," Kiwanis International, 101 East Erie Street, Chicago, Illinois 60611, 1969.

f. "What You Should Know About Drugs and Narcotics," Alton Blakeslee, Associated Press. 1969.

g. Byrd, Oliver E., Medical Readings on Drug Abuse, Reading Massachusetts: Addison-Wesley Publishing Co., 1970. $7.00

h. Chauncey, Hal W. G. Laurence A. Kirkpatrick, Drugs and You, Oxford Book Company, 387 Park Avenue, South, New York, N. Y. 10016.

i. Drug Abuse: The Chemical Cop-Out, National Association of Blue Shield Plans, 1969

j. Drug Abuse, A Manual for Law Inforcement Officers, Smith, Line and French Laboratories, Philadelphia, Pa., 1966.

k. Drug Abuse: Escape to Nowhere. Philadelphia: Smith Kline and French Laboratories, 1969. (Available through NEA publications)

l. Fact Sheets, U. S. Government Printing Office, Washington, D. C. 20402, 1969.

m. Living Death -- The Truth About Drug Addiction, Washington, D. C.: U. S. Government Printing Office, 1966. (student)

n. Otto, Julian, & Tither, Modern Health, Holt, Rinehart, and Winston, Inc., New York, 1963, p. 158-166. (text)

o. Prevention and Control of Narcotic Addiction, Washington, D. C., U. S. Government Printing Office, 1966.

p. U. S. Department of Health, Education, and Welfare: Drugs and Our Automotive Age, Washington, D.C.: The Department. (student)

2. Films

a. Pots-A-Put-On, Professional Arts, Inc., P. O. Box 8484, Universal City, California 91608

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   b. FDA Special Report: Drug Abuse - Bennies and Goofballs, Public Health Service, Audiovisual Facility, Atlanta, Georgia 30333.

   c. A Day in the Death of Donnie Bee, National Institute of Mental Health.

   d. Flowers of Darkness (IMC)

   e. Fight or Flight (IMC)

   f. Marihuana (IMC)

   g. LSD - 25. Professional Arts, P. O. Box 2484, Universal City, California 91608

   h. LSD - Insight or Insanity

   i. LSD: Trip or Trap (IMC)

   j. LSD: Escape to Where? Bethesda Naval Hospital.

3. Filmstrips

   a. I Never Looked At It That Way Before, (high school library)

   b. Drugs in Our Society, Cathedral Filmstrips, J. L. Glisson, Inc.

   c. Marijuana, Guidance Associates, Pleasantville, New Jersey.

   d. Marijuana: What Can You Believe? Guidance Assc., Pleasantville, New Jersey.

4. Transparencies

   The Use and Misuse of Drugs (high school library)

5. Flip Chart and Manual

   Dangerous Drugs Information and Content (high school library)

B. Intermediate

1. Printed Materials

   a. Houser, Norman W. & Julius B. Richmond. Drugs: Facts on Their Use and Abuse Scott, Foresman and Company, Glenview, Illinois 60025, 1969

   b. Drug Abuse: The Empty Life, Philadelphia: Smith Kline and French Laboratories, 1965.

   c. U. S. Treasury Department. Prevention and Control of Narcotic Addiction, Washington, D. C.: U. S. Government Printing Office, 1966. (student)

   d. Vogel, Victor H., M.D. and Virginia E. Facts About Narcotics, Chicago: Science Research Associates, Inc., 1951. (student)

   e. Lawrence, Schriver, Powers, and Vorhaous. Your Health and Safety, sixth ed., Harcourt, Brace & World, New York 10017, 1969, p. 605-616. (text)

2. Films

   a. Hooked (IMC)

   b. Marihuana (IMC)

   c. Drugs and The Nervous System (IMC)

   d. LSD: Insight or Insanity (IMC)

3. Filmstrips

   a. Drug Abuse: Encyclopedia Britannica (Intermediate School Library)

C. Elementary

1. Printed Materials

   a. Demos, George D., Shainline, John W. & Wayne Thomas, Drug Abuse and You, Chronicale Guidance Publications, Inc., Moravia, New York 13118, 1968.

    b. Know About Drugs, American Education Publications, 55 High Street, Middletown, Conn., 06457, 1969.

    c. Items 1, a through d on High School Printed Reference materials could be used for 6th Grade class groups.

2. Films

    a. Drugs and the Nervous System (IMC)

    b. Narcotics - The Inside Story, Charles Cahill & Associates, Inc., P. O. Box 3220, Hollywood, California 90028.

3. Filmstrips

    a. Tell It Like It Is, Texas Alcohol Narcotics Education, Inc., 2814 Oak Lawn Avenue, Dallas, Texas 75219

    b. Your Child's Mental Health, N.E.A., 1201 16th Street, N.W., Washington, D.C. 20036

Appendix E

Directory of Drug Education Resources and Material

I. Speakers

*Fairfax County Drug Specialist	
Fairfax County Medical Society Speakers Bureau Local doctors and pharmacists	Phone 532-0500
Mr. Robert Horan Commonwealth Attorney Fairfax County	Phone 691-2000
Bonabond, Inc. 412 Fifth Street, N. W. Hiawatha Burris: (ex-addicts)	Phone 737-4307
E. L. Keesling, Director Drug Addiction Treatment & Rehabilitation Center 1400 Que Street, N. W. (screened ex-addicts will speak to students or parental groups)	Phone 629-5438
Fairfax County Police Intelligence Division	Phone 273-1300

II. Video Tape

Taped by the Fairfax County Police Department and available through the Instructional Media Center.

III. Materials

See Appendix D

IV. Teacher Education

Fairfax County Drug Education Specialist serves as a consultant.

A course with special emphasis on drug education is offered by the University of Virginia, Northern Virginia Extension (see catalog).

V. Parent Involvement

In the total educational spectrum, parent education is probably as important as student or teacher education in influencing student behaviors and providing preventative measures.

Adult Education Drug Seminar (five sessions)

Coordinated by Mr. Robert Horan, Commonwealth Attorney and members of the Fairfax County Medical Society (see Adult Education catalogue).

PTA Programs

Plan PTA meeting concerning drug abuse using one or a combination of guest speakers and materials.

Medical Doctor - to develop an understanding of nature, identification, uses, and dangers of illicit drugs.

Lawyer - to explain state and federal laws relating to narcotics and drug abuse.

Psychologist - to develop an understanding of the causes of drug addiction.

Former Drug Addict - to give testimony of what drug addiction is really like.

Fairfax County Drug Education Specialist - to coordinate and/or make suggestions on how this meeting may be conducted.

VI. Referral Services and Information

Fairfax County Health Department Phone 691-3251
4080 Chain Bridge Road
Fairfax, Virginia 22030

Drug Abuse Clinic

The Fairfax County Health Department has recently initiated a program for drug abuse. This service includes:

1. Urine surveillance to detect the use or abuse of dependence-producing drugs.

   A student cannot be required to prove his innocence or guilt by participating in this program. However, if a student is suspected of being under the influence of drugs and is not, chances are he will not object to submitting a urine specimen.

2. Counseling for abuser and his family. This will include arrangements for detoxification when necessary.

3. Group therapy -- limited to drug abusers -- led by an experienced therapist.

Referrals will be accepted from physicians, nurses, service agencies, courts, schools, and families, but no formal referral is required. Inquiries should be directed to:

Mrs. Iola Scrafford, Public Health Nurse
Home Health Services Division
Hours: 8:00 - 4:30 p.m.

Mrs. Scrafford was formerly a counselor with the Narcotic Addict Rehabilitation Program, affiliated with the Roanoke City Health Department.

Fairfax - Falls Church Mental Health Center
2949 Sleepy Hollow Road
Falls Church, Virginia

Drug abuse referral service (individual requests service by phone)
Miss Patricia Fendley JE-2-4121 8:00 - 5:30

D. C. Drug Central

Referral to treatment and facilities in area.
Mrs. Mary Lou Gumper 223-6800

Part of the D. C. Drug Central program includes the scheduling of the drug mobile unit containing information on dangerous drugs.
To schedule the unit call:

Mr. Albert Carmichael	629-5384

Northern Virginia Mental Health Association

Referral by phone for anyone seeking help.

Mrs. Charlotte Basset	524-3352	9:00 - 5:00

St. Elizabeths Hospital
Washington, D. C. 20032

The Saint Elizabeth's program is described as one of preliminary rehabilitation with a goal of getting the patients drug free and "on their feet." Addicts from any catchment area are accepted but they must be referred by an existing agency which is willing to provide outpatient follow-up services once the patient is released from the hospital's two-week program.

Drug Abuse Information

Anyone may call, 24 hours a day, and hear a tape-recorded message giving common drug abuse manifestation and names and telephone numbers of community help resources. This service, sponsored by the Woodson Congregations for Community Action, was designed to help parents confronted with a drug abuse crisis.

Phone 978-7874

Other Services

As additional services become available, information will be distributed.

APPENDIX F

Addresses of Associations fo

Addiction Research Center
USPHS Hospital
Lexington, Kentucky 40508

American Medical Association
1776 K. St., N.W.
Washington, D. C.
833-8310

American Social Health Assn.
798 Broadway
New York, New York 10019

Bureau of Narcotics and Dangerous Drugs
1405 I Street, N. W.
Washington, D. C.
382-5551

Conn. State Dept. of Mental Health
165 Capitol Avenue
Hartford, Connecticut

Educational Progress Corporation
8538 East 41st Street
Tulsa, Oklahoma 74145

Food and Drug Administration
2221 Jefferson Davis Highway
Arlington, Virginia
557-1221

Health Education Council
10 Downing Street
New York, New York

Health, Education and Welfare
330 Independence Ave., S. W.
Washington, D. C.
963-1110

APPENDIX F

Addresses of Associations for Resource Materials

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and Dangerous Drugs

Mental Health

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Corporation
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Highway

ncil

nd Welfare
., S. W.

Health Information Foundation
420 Lexington Avenue
New York, New York

Metropolitan Wash. Council of Gov'ts.
1225 Connecticut Avenue, N. W.
Washington, D. C.
223-6800

National Assn. of Blue Shield
2011 I Street, N. W.
Washington, D. C.
659-5178

Nat. Assn. of the Prevention of
Addiction to Narcotics
Hotel Astor - Room 232
Times Square
New York, New York 10036

National Education Association
1201 16th Street, N. W.
Washington, D. C.
223-9400

Nat. Family Council on Drug Addiction
401 West End Avenue
New York, New York 10025

Nat. Institute of Mental Health
5454 Wisconsin Avenue
Chevy Chase, Maryland
496-0567

National Research Council
National Academy of Science
2101 Constitution Ave. N.W.
Washington, D. C. 20037

National Safety Council
1735 DeSales Street, N.W.
Washington, D. C.
393-0250

Pharmaceutical Manufacturers Assn.
Committee on Narcotics
1411 K Street, N. W.
Washington, D. C. 20005

Public Health Education Section
Conn. State Dept. of Health
79 Elm Street
Hartford, Connecticut

School of Pharmacy
University of Connecticut
Storrs, Connecticut

SPRED
P.O. Box 423
Norwalk, Connecticut 06856

U.S. Depart
Bureau of N
Washington,

United Stat
Bethesda, M
295-1000

United Stat
North Capit
Washington,
541-3000

Winston Pro
P. O. Box 1
San Diego,

World Healt
525 23rd St
Washington,
223-4700

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U.S. Department of Justice
Bureau of Narcotics and Dangerous Drugs
Washington, D. C.

United States Naval Hospital
Bethesda, Maryland
295-1000

United States Gov't. Printing Office
North Capital Street, N. W.
Washington, D. C.
541-3000

Winston Products for Education
P. O. Box 12219
San Diego, California 92112

World Health Organization
525 23rd Street, N. W.
Washington, D. C.
223-4700

APPENDIX G

Resource List for Drug Abuse Li

Printed material on the problem of drug abuse is available
non-government sources. Many government publications can b
of Documents, Government Printing Office, (GPO) Washington,
count on orders of 100 or more. Prices that are not shown

The Use and Misuse of Drugs - FDA Pub. 46. For sale from GP

How Safe Are Our Drugs? - FDA Pub. 44. For sale from GPO

Young Scientists Look At Drugs - FDA Pub. 45. For sale fro

Drug Dependence: Its Significance and Characteristics - Si
cotics and Dangerous Drugs, 1405 I Street, N. W., Washingto

BNDD Fact Sheets 1-18 - Single copy free from Bureau of Narc
I Street, N. W., Washington, D. C. 20537 (will be a sale ite

Drugs of Abuse - Reprint from July-August issue of FDA paper

LSD: The False Illusion - Reprint from July-August issue o

What You Should Know About Drugs and Narcotics - Associated
York, New York 10020. For sale $1.00 single copy.

Drug Abuse Education - A Guide for the Professions - America
stitution Avenue, N. W., Washington, D. C. 20037. For sale

Drugs and Your Body - FDA Pub. 52. For sale from GPO $1.00

The Drug Takers - Time-Life Books, Time Incorporated, N. Y.

The Courier - The UNESCO Magazine, May 1968 issue. UNESCO P
34th Street, New York, New York 10016. Single copy 50¢.

Handbook of Federal Narcotic and Dangerous Drug Laws - Burea
publication. Sale item from GPO 50¢ each.

APPENDIX G

Resource List for Drug Abuse Literature

he problem of drug abuse is available from the following government and
es. Many government publications can be purchased from the Superintendent
ment Printing Office, (GPO) Washington, D. C. 20402. There is a 25% dis-
00 or more. Prices that are not shown may be obtained from the publisher.

f Drugs - FDA Pub. 46. For sale from GPO 15¢ each.

gs? - FDA Pub. 44. For sale from GPO 15¢ each.

k At Drugs - FDA Pub. 45. For sale from GPO 15¢ each.

s Significance and Characteristics - Single copy free from Bureau of Nar-
Drugs, 1405 I Street, N. W., Washington, D. C. 20537.

8 - Single copy free from Bureau of Narcotics and Dangerous Drugs, 1405
hington, D. C. 20537 (will be a sale item at GPO in summer).

rint from July-August issue of FDA papers. For sale from GPO 20¢ each.

sion - Reprint from July-August issue of FDA Papers. GPO, 15¢ each.

About Drugs and Narcotics - Associated Press, 50 Rockefeller Plaza, New
. For sale $1.00 single copy.

- A Guide for the Professions - American Pharmaceutical Assn., 2215 Con-
W., Washington, D. C. 20037. For sale $1.00 single copy.

- FDA Pub. 52. For sale from GPO $1.00 each.

me-Life Books, Time Incorporated, N. Y. $1.00 single copy.

ESCO Magazine, May 1968 issue. UNESCO Publications Center, U.S.A. 317 East
k, New York 10016. Single copy 50¢.

Narcotic and Dangerous Drug Laws - Bureau of Narcotics and Dangerous Drugs
tem from GPO 50¢ each.

Drug Abuse: Game Without Winners - Department of Defense. For sale fr

Drugs on the College Campus - National Association Student Personnel Ad
Inn, Suite 405, 5440 Cass Avenue, Detroit, Mich. 48202.

International Control of Narcotic Drugs - United Nations Publication Sa
Nations, New York, New York. Single copy 25¢ each.

Cool Talk About Hot Drugs - November 1967 Reader's Digest, Pleasantvill

What We Can Do About Drug Abuse - Public Affairs Pamphlet 6390, Public
Avenue, South, New York, New York 10016. Single copy 25¢ each.

The Crutch That Cripples, Drug Dependence, Department of Mental Health,
535 North Dearborn Street, Chicago, Illinois 60610. Single copy 25¢.

Darkness on your Doorstep - Los Angeles County Department of Community
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s Avenue, Detroit, Mich. 48202.

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ork. Single copy 25¢ each.

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g Abuse - Public Affairs Pamphlet 6390, Public Affairs Pamphlets, 381 Park
New York 10016. Single copy 25¢ each.

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t, Chicago, Illinois 60610. Single copy 25¢.

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alifornia 90012.

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A Doctor Discusses Narcotics and Drug Addiction - Budlong Press C
Chicago, Ill. 60625. Single copy, $1.75.

Drug Abuse and You - Chronicle Guidance Publications, Inc. Moravi

Students and Drug Abuse - A reprint from the National Educational
free from National Institute of Mental Health, Box 1080, Washingt

The Pastor and Drug Dependency - Department of Publication Servic
475 Riverside Drive, New York, New York 10007. Single copy 50¢.

Drug Abuse Directory - A directory from the National Coordinating
Information. It lists materials available from the 63 National O
cil, P. O. Box 19400, Washington, D. C. Single copy $1.00.

Drug Identification Guide - A reprint from the "Physician's Desk R
size, full-color reproductions of the most commonly prescribed dr
able without prescription. Medical Economics, Inc., 550 Kinderkam

Drug Abuse: The Chemical Copout - Booklet published by the Nation
Available from Medical Services of D.C., 1021 14th St., N. W., Was
Assn. of Blue Shield Plans, 211 E. Chicago Ave., Chicago, Ill. 606

Narcotics and Drugs - A list of 58 publications concerning drugs f
that are sale items from the Superintendent of Documents, Governme
D. C. 20402. Single copy free from GPO.

Drug Dependence: A Guide for Physicians - American Medical Associ
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s and Drug Addiction - Budlong Press Company, 5428 N. Virginia Avenue,
e copy, $1.75.

cle Guidance Publications, Inc. Moravia, N.Y. 13118.

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e of Mental Health, Box 1080, Washington, D. C. 20013.

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rk, New York 10007. Single copy 50¢.

rectory from the National Coordinating Council on Drug Abuse Education and
rials available from the 63 National Organizations that comprise the Coun-
ngton, D. C. Single copy $1.00.

A reprint from the "Physician's Desk Reference." Guide contains actual
ons of the most commonly prescribed drug products, as well as some avail-
Medical Economics, Inc., 550 Kinderkamack Road, Oradell, N. J. $2.00.

opout - Booklet published by the National Association of Blue Shield Plans.
ices of D.C., 1021 14th St., N. W., Washington, D.C. 20005, or National
211 E. Chicago Ave., Chicago, Ill. 60611. Single copy free.

t of 58 publications concerning drugs from various government agencies
e Superintendent of Documents, Government Printing Office, Washington,
ree from GPO.

or Physicians - American Medical Association, 535 North Dearborn, Chicago,
y $1.00.

APPENDIX H

Recognizing Symptoms of Drug Abuse

Instructors, traditionally concerned with the general health of st
from "normal" for any individuals, will find it extremely difficult to
though drug abuse in its various forms can produce identifiable effect
tions are, at their onset, identical to those produced by conditions ha
with drug abuse. What's more, some students may be using legitimate dr
cians' instructions - but without their teachers' knowledge. For examp
diabetes, or asthma may require maintenance drug therapy that will prod
Or, a student might be drowsy from ingesting a nonprescription product
Whatever the reason, a student appearing unwell or disturbed will be ca
an educator. But a clue to the possibility of drug abuse comes with pe
might otherwise appear "routine."

Although it is difficult to recognize drug abusers, many potential
rehabilitated if their involvement in drug abuse is spotted in its earl
help can be brought to bear on the problem in an effective manner. Ins
dition to their educational role, are properly concerned with identific
deviation from normal behavior patterns is cause for concern. Should t
confidentially seek assistance from the principal, guidance counselor,

General Traits

- general change in behavior - not always for the worse.
- is often immature and dependent, seeking a sense of belonging; o
  and is uncomfortable with classmates and teachers.
- changes in attendance, discipline and academic performance (legi
  caliber of homework).
- display of unusual degrees of activity or inactivity as well as
  ups involving strong emotion or temper.
- changes for the worse in personal appearance and health habits.
- furtive behavior regarding actions and possessions, sunglasses w
  and places, long-sleeved garments worn constantly, even on hot d
  drug abusers, and use of strange jargon.
- always trying to borrow money or stealing items easily converted
- found at odd times in strange places such as closets, storage ro
- unusual thirst or excessive expectoration.
- demands immediate gratification of his needs - is racked with an
- lacks direction and goals in life, finds the world a hostile and
  it difficult to compete and excel in life.

APPENDIX H

Recognizing Symptoms of Drug Abuse

litionally concerned with the general health of students and alert to departures
individuals, will find it extremely difficult to recognize drug abusers. Al-
ts various forms can produce identifiable effects, almost all such manifesta-
set, identical to those produced by conditions having nothing whatever to do
's more, some students may be using legitimate drugs in accordance with physi-
but without their teachers' knowledge. For example, such disorders as epilepsy,
y require maintenance drug therapy that will produce low-level side effects.
drowsy from ingesting a nonprescription product - such as an antihistamine.
student appearing unwell or disturbed will be cause for concern on the part of
ue to the possibility of drug abuse comes with persistence of symptoms which
"routine."

fficult to recognize drug abusers, many potential "hard-core" addicts can be
involvement in drug abuse is spotted in its early stages ... when professional
bear on the problem in an effective manner. Instructors, therefore, in ad-
ional role, are properly concerned with identification of abusers, and any
behavior patterns is cause for concern. Should this occur, the teacher should
sistance from the principal, guidance counselor, or school nurse.

in behavior - not always for the worse.
re and dependent, seeking a sense of belonging; often feels out of place
table with classmates and teachers.
ndance, discipline and academic performance (legibility, neatness, and
work).
sual degrees of activity or inactivity as well as sudden irrational flare-
trong emotion or temper.
worse in personal appearance and health habits.
r regarding actions and possessions, sunglasses worn at inappropriate times
ng-sleeved garments worn constantly, even on hot days, association with known
nd use of strange jargon.
o borrow money or stealing items easily converted to cash.
mes in strange places such as closets, storage rooms, and parked cars.
or excessive expectoration.
te gratification of his needs - is racked with anxieties and tensions.
n and goals in life, finds the world a hostile and dangerous place and finds
compete and excel in life.

- blurred memory, loss of will power, difficult to concentrat
  dissipates, honesty disappears, and they soon become accom

Specific Manifestations

Glue Sniffer

- solvent sniffer usually retains the odor of the substance
- irritation of the mucous membranes in the mouth and nose re
  secretions
- redness and watering of the eyes
- may appear intoxicated or lack muscular control, and may co
  ringing in the ears, vivid dreams and even hallucinations
- drowsiness, stupor and unconsciousness may follow excessive

Depressant Abuser (barbiturates and some tranquilizers)

- similar symptoms to alcohol - no odor of alcohol on breath
- may stagger or stumble - frequently falls into deep sleep i
- lacks interest and is disoriented
- thickened or slurred speech
- convulsions when going through withdrawal

Stimulant Abuser (amphetamines, methadrene, and related drugs)

- characterized by excessive activity
- irritable, argumentative, extremely nervous, and has diffic
  classroom
- eyes dilated
- drying effect on mucous membranes resulting in unidentifiab
  lips to keep moist - often resulting in chapped and reddene
- dryness causing the abuser to rub and scratch his nose vigo
  to relieve the itching sensation
- talking constantly about any subject at hand
- often chain smoking and hand tremor
- often goes for long periods of time without sleeping or eat
  resist letting others know about it

Narcotic Abuser

- traces of white powder can be seen around the nostrils of th
  red and raw
- scar tissue "tracks" develop along the course of veins, use
  sleeved clothing

y, loss of will power, difficult to concentrate, think, or reason, ambition
onesty disappears, and they soon become accomplished liars.

ons

er usually retains the odor of the substance
the mucous membranes in the mouth and nose resulting from excessive nasal

atering of the eyes
toxicated or lack muscular control, and may complain of double vision,
e ears, vivid dreams and even hallucinations
tupor and unconsciousness may follow excessive use of the substance

arbiturates and some tranquilizers)

oms to alcohol - no odor of alcohol on breath
r stumble - frequently falls into deep sleep in classroom
t and is disoriented
slurred speech
hen going through withdrawal

phetamines, methadrene, and related drugs)

by excessive activity
gumentative, extremely nervous, and has difficulty sitting still in the

on mucous membranes resulting in unidentifiable bad breath, licking of
moist - often resulting in chapped and reddened lips
ng the abuser to rub and scratch his nose vigorously and frequently as
e itching sensation
antly about any subject at hand
moking and hand tremor
r long periods of time without sleeping or eating and usually cannot
g others know about it

te powder can be seen around the nostrils of the inhaler, and nostrils are

tracks" develop along the course of veins, user will usually wear long
ing

- presence of equipment.
- often fix displays symptoms of deep intoxication, later lethar
- pupils are often constricted and fail to respond to light, eye
- inhibition of pain perception.
- signs of withdrawal are nervousness, restlessness, anxiety, ru and profuse perspiration, enlarged pupils, muscle twitching, a depression.

Marihuana User

- unlikely to be recognized unless under heavy influence.
- in the early stages, the drug acts as a stimulant and the user appear almost hysterical with loud and rapid talking and great
- in the later stages, the user may seem in a stupor or sleepy.
- user usually has dilated pupils.
- possession of cigarettes often rolled and containing seeds and than regular tobacco.
- odor of smoke like burnt rope and readily noticeable on the br
- fingers may show burns from smoking.

Hallucinogen Abuser

- person under the influence will usually sit or recline quietly
- occasionally users become fearful and experience a degree of t
- delusions and hallucinations both visual and auditory, upset r

pment.
ys symptoms of deep intoxication, later lethargy and yawning.
constricted and fail to respond to light, eyes are reddened and watery.
in perception.
wal are nervousness, restlessness, anxiety, running eyes and nose, sweating
piration, enlarged pupils, muscle twitching, aches and pains, feeling of

ecognized unless under heavy influence.
ges, the drug acts as a stimulant and the user may be very animated and
sterical with loud and rapid talking and great bursts of laughter.
ges, the user may seem in a stupor or sleepy.
dilated pupils.
garettes often rolled and containing seeds and stems greener in color
acco.
ke burnt rope and readily noticeable on the breath and clothing of smoker.
burns from smoking.

e influence will usually sit or recline quietly in a dream or trance-like state.
ers become fearful and experience a degree of terror.
allucinations both visual and auditory, upset reality perception.

APPENDIX I

Fairfax County Drug Treatment Pro

As a part of the total drug program for Fairfax County, the Bo
drug treatment program.

The purpose of the program is to provide treatment and counseli
problem, regardless of their referral source into the program. A st
without a formal referral. The implementation of the program requir
resources; i.e., schools, police department, health department, juve
clinics, commonwealth's attorney, hospitals, and other agencies whic
relationship to the program.

A "Drug Team",composed of six members representing the Health D
Health Clinics, Juvenile Court, Fairfax Hospital and the School wil

a. The team will meet daily to consider any and all cases refe

b. Routine cases can be taken in by the initial contact agency
proper referral made to other members of the Drug Team duri

c. Problem cases, i.e., cases in which questions exist as to t
through courts, NARA programs, etc., will be actually inter
decision made as to the proper agency referral.

d. The source person presenting the case will be responsible f
the individual who is to undergo treatment.

e. Referrals to the Juvenile or Adult court will be made as ne
the program by the drug user.

f. Full use will be made of the services of any voluntary grou
providing expert assistance to the program. This assistanc
operation of the "store front", intake centers and/or opera
Details of the method of referring individuals from these v
will be worked out as the program progresses.

A decision as to whether or not an individual participates in t
associated with the Health Department or is referred to the Mental
or enters the NARA programs, will necessarily be a decision that will
person be considered suitable for the County program, the operation
obligation to the programs will be clearly explained.

APPENDIX I

Fairfax County Drug Treatment Program

tal drug program for Fairfax County, the Board of Supervisors has established a

program is to provide treatment and counseling for any individual having a drug
heir referral source into the program. A student may voluntarily seek assistance
i. The implementation of the program requires the full use of all available
, police department, health department, juvenile court, adult court, mental health
attorney, hospitals, and other agencies which would have a direct or indirect
ram.

sed of six members representing the Health Department, Police Department, Mental
Court, Fairfax Hospital and the School will serve as the operational team.

eet daily to consider any and all cases referred to it.

an be taken in by the initial contact agency as appropriate, with a
made to other members of the Drug Team during the daily meeting.

i.e., cases in which questions exist as to the proper disposition of either
NARA programs, etc., will be actually interviewed by the Drug Team and a
s to the proper agency referral.

on presenting the case will be responsible for preparing information concerning
who is to undergo treatment.

ne Juvenile or Adult court will be made as necessary, to insure continuation in
the drug user.

e made of the services of any voluntary group known to have a capability of
rt assistance to the program. This assistance may be in the form of counselling,
ne "store front", intake centers and/or operating of half-way houses as needed.
method of referring individuals from these voluntary agencies to the Drug Team
out as the program progresses.

hether or not an individual participates in the family counselling group currently
lth Department or is referred to the Mental Health Clinic for more intensive therapy
rams, will necessarily be a decision that will be made by the intake team. Should the
itable for the County program, the operation of each program and the drug users
ams will be clearly explained.

APPENDIX J

Drugs and Intoxicants

The illegal use, possession or distribution of drugs and intoxicants on school property or in connection with any school activity is prohibited in school policy as well as in law, and is cause for suspension from school.

The school staff will maintain close coordination with other public agencies in the prevention of drug abuse and in the rehabilitation of drug users.

To carry out this policy and to fulfill its larger educational mission, the curriculum will include at all levels a strong and effective program of drug education. This program will be described in a published curriculum guide, and will be supported by suitable instructional materials and teacher training.

Policy adopted September 3, 1970

Drug Counselor

To assist the principal and faculty of each intermediat
members shall have special training in the identificat
This faculty member shall serve as drug counselor to st
His services shall be made well known to all students a
group counseling to students who come to him on a volun
for corrective counseling. He will call upon outside s
as needed, working through the principal and through ot

Procedure for Suspected Drug Abuse

The principal or other school official in charge shall
student seriously suspected of being engaged in any fo
in obtaining appropriate services or treatment includi
Specific procedures are as follows:

A. Students showing marked change in behavior or
referred to the school drug counselor and sch

B. Should the school nurse/counselor feel that d
referred to the principal.

C. The principal, if he finds sufficient reason
parents or guardian and an immediate conferenc
student, principal, and school nurse/counselo

D. Following the conference, should the principa
call on or refer the parents or guardian to th

E. When material suspected to be illegal drugs i
Fairfax County Police Department for analysis.

F. If, in the opinion of the principal, additiona
refer the parents or guardian to the appropria

G. If the principal is unable to contact either p
cooperation of the parent or guardian, he wil

and faculty of each intermediate and secondary school, one or more of its
ial training in the identification and handling of drug abuse victims.
ll serve as drug counselor to students and consultant to other faculty members.
ade well known to all students and he shall be available for individual and
dents who come to him on a voluntary basis as well as those who are assigned
ng. He will call upon outside specialists, ex-addicts and other consultants
ugh the principal and through other County agencies.

Drug Abuse

school official in charge shall immediately inform the parents of any
cted of being engaged in any form of drug abuse and shall offer assistance
e services or treatment including the services of the school drug counselor.
as follows:

ng marked change in behavior or difference in daily function will be
e school drug counselor and school nurse as needed.

ool nurse/counselor feel that drug abuse is involved, the student will be
e principal.

if he finds sufficient reason to suspect drug abuse, will notify the
rdian and an immediate conference will be arranged with parents or guardian,
cipal, and school nurse/counselor.

conference, should the principal feel additional help is necessary, he will
fer the parents or guardian to the appropriate Fairfax County agency.

suspected to be illegal drugs is found, a sample will be referred to the
Police Department for analysis.

inion of the principal, additional help is necessary, he should call on or
ents or guardian to the appropriate Fairfax County agency.

pal is unable to contact either parent or guardian or if he cannot enlist the
f the parent or guardian, he will proceed to the next step.

Procedure for Actual Drug Violation

If it is determined that a student is in violation of the provision against illegal use, possession or distribution of drugs, he may be suspended from school and reinstated only upon firm assurance from parents and student that they will cooperate fully in avoiding further violations. The principal will immediately contact the parent and will report the legal violation to the Police Department, Intelligence Section.

The student will be assigned for counseling and rehabilitation to the school drug counselor and referred to other corrective services as are appropriate and available in the community. Special schedules for school attendance may be arranged to permit the student to take advantage of such services.

The principal will follow up each incident with student and parents at appropriate intervals to insure that positive response has been made.